

**TITLE V BLOCK GRANT APPLICATION**  
**FORMS (2-21)**  
**STATE: OR**  
**APPLICATION YEAR: 2010**

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**FORM 2**  
**MCH BUDGET DETAILS FOR FY 2010**

[Secs. 504 (d) and 505(a)(3)(4)]

**STATE: OR**

**1. FEDERAL ALLOCATION**

(Item 15a of the Application Face Sheet [SF 424])  
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 6,226,453

A.Preventive and primary care for children:

\$ 3,770,779 ( 60.56%)

B.Children with special health care needs:

\$ 1,867,936 ( 30%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 435,852 ( 7%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

**2. UNOBLIGATED BALANCE** (Item 15b of SF 424)

\$ 0

**3. STATE MCH FUNDS** (Item 15c of the SF 424)

\$ 12,851,225

**4. LOCAL MCH FUNDS** (Item 15d of SF 424)

\$ 0

**5. OTHER FUNDS** (Item 15e of SF 424)

\$ 7,808,723

**6. PROGRAM INCOME** (Item 15f of SF 424)

\$ 0

**7. TOTAL STATE MATCH** (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 3,950,427

\$ 20,659,948

**8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)**

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 26,886,401

**9. OTHER FEDERAL FUNDS**

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 312,657

b. SSDI: \$ 94,664

c. CISS: \$ 0

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 18,637,043

h. AIDS: \$ 0

i. CDC: \$ 8,424,887

j. Education: \$ 0

k. Other: \$ 0

FPEP Waiver \$ 31,016,826

Other Fed Funds \$ 289,198

Title X, Family Plan \$ 2,301,880

**10. OTHER FEDERAL FUNDS** (SUBTOTAL of all Funds under item 9)

\$ 61,077,155

**11. STATE MCH BUDGET TOTAL**

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 87,963,556

## FORM NOTES FOR FORM 2

FY 2010 Budget amounts are estimates only, based on 2007-09 State Biennial Budget.. Updates based on the 2009-2011 Biennial Budget expenditure limitations will be made in August 2009. Other Federal Funds are based on grant awards.

### FIELD LEVEL NOTES

1. **Section Number:** Form2\_Main  
**Field Name:** WIC  
**Row Name:** Other Federal Funds - WIC  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
This amount does not include approximately \$51,364,526 in food vouchers and rebates
2. **Section Number:** Form2\_Main  
**Field Name:** OtherFedFundsOtherFund  
**Row Name:** Other Federal Funds - Other Funds  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Other Federal Funds includes grants from EPA, HRSA,- First Motherhood and Immunization SNS

**FORM 3**  
**STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506(a)(1-3)]*

**STATE: OR**

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 6,579,878	\$ 6,545,709	\$ 6,545,709	\$ 6,303,111	\$ 6,303,111	\$ 6,304,107
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 16,823,917	\$ 27,180,302	\$ 24,383,105	\$ 16,940,582	\$ 25,638,906	\$ 26,108,497
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 3,860,542	\$ 5,834,072	\$ 5,862,923	\$ 5,597,709	\$ 6,663,549	\$ 5,910,651
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 27,264,337	\$ 39,560,083	\$ 36,791,737	\$ 28,841,402	\$ 38,605,566	\$ 38,323,255
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 45,044,401	\$ 70,066,747	\$ 47,801,716	\$ 49,877,725	\$ 50,918,748	\$ 45,019,843
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 72,308,738	\$ 109,626,830	\$ 84,593,453	\$ 78,719,127	\$ 89,524,314	\$ 83,343,098
(STATE MCH BUDGET TOTAL)						

**FORM 3**  
**STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506(a)(1-3)]*

**STATE: OR**

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 6,304,107	\$ 6,199,730	\$ 6,206,342		\$ 6,226,453	
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0		\$ 0	
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 16,546,103	\$ 27,799,265	\$ 13,163,039		\$ 12,851,225	
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0		\$ 0	
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 8,681,306	\$ 6,604,764	\$ 7,268,157		\$ 7,808,723	
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0		\$ 0	
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 31,531,516	\$ 40,603,759	\$ 26,637,538	\$ 0	\$ 26,886,401	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 51,236,465	\$ 49,184,716	\$ 112,448,781		\$ 61,077,155	
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 82,767,981	\$ 89,788,475	\$ 139,086,319	\$ 0	\$ 87,963,556	\$ 0
(STATE MCH BUDGET TOTAL)						

## FORM NOTES FOR FORM 3

FY 2010 Budget amounts are estimates only, based on 2007-09 State Biennial Budget.. Updates based on the 2009-2011 Biennial Budget expenditure limitations will be made in August 2009.

### FIELD LEVEL NOTES

1. **Section Number:** Form3\_Main  
**Field Name:** FedAllocExpended  
**Row Name:** Federal Allocation  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Budget was based on previous allocation, reduced in FFY 2008.
2. **Section Number:** Form3\_Main  
**Field Name:** StateMCHFundsExpended  
**Row Name:** State Funds  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
State match includes county revenues not used for Medicaid match, that were not included in the budget.
3. **Section Number:** Form3\_Main  
**Field Name:** OtherFundsExpended  
**Row Name:** Other Funds  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Budgeted amounts are the legislation approved limitation for Other Funds, that was not expended. Other Funds includes transfers from other state agencies and non-government grants.
4. **Section Number:** Form3\_Main  
**Field Name:** OtherFundsExpended  
**Row Name:** Other Funds  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
Other funds include newborn screening expenditures that were higher than budgeted.
5. **Section Number:** Form3\_Main  
**Field Name:** OtherFedFundsExpended  
**Row Name:** Other Federal Funds  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Does not include \$47,883,300 in WIC food vouchers.
6. **Section Number:** Form3\_Main  
**Field Name:** OtherFedFundsExpended  
**Row Name:** Other Federal Funds  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
WIC amounts does not include \$40,992,935 in 2007 expenditures for food vouchers and rebates.

**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: OR**

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 5,329,138	\$ 4,228,357	\$ 4,574,274	\$ 2,293,060	\$ 3,841,058	\$ 2,473,598
b. Infants < 1 year old	\$ 6,761,156	\$ 12,294,742	\$ 9,118,819	\$ 10,950,975	\$ 9,866,404	\$ 12,720,634
c. Children 1 to 22 years old	\$ 9,784,921	\$ 18,199,435	\$ 17,513,216	\$ 10,680,891	\$ 19,488,380	\$ 17,681,899
d. Children with Special Healthcare Needs	\$ 3,465,527	\$ 3,491,562	\$ 3,663,334	\$ 3,469,132	\$ 3,504,045	\$ 3,448,563
e. Others	\$ 761,538	\$ 502,758	\$ 761,538	\$ 633,171	\$ 677,801	\$ 841,647
f. Administration	\$ 1,162,057	\$ 843,229	\$ 1,160,556	\$ 814,173	\$ 1,227,878	\$ 1,156,914
g. SUBTOTAL	\$ 27,264,337	\$ 39,560,083	\$ 36,791,737	\$ 28,841,402	\$ 38,605,566	\$ 38,323,255
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 808,834		\$ 817,585		\$ 1,274,089	
b. SSDI	\$ 135,276		\$ 135,276		\$ 102,698	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 16,994,613		\$ 18,078,777		\$ 19,166,920	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 4,536,763		\$ 4,791,263		\$ 5,594,635	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
FPEP Waiver	\$ 0		\$ 0		\$ 22,640,896	
Title X	\$ 2,377,495		\$ 0		\$ 2,139,510	
FP Waiver (CMS)	\$ 0		\$ 21,601,320		\$ 0	
Title X Fam Planning	\$ 0		\$ 2,377,495		\$ 0	
FPEP Waiver	\$ 20,191,420		\$ 0		\$ 0	
<b>III. SUBTOTAL</b>	\$ 45,044,401		\$ 47,801,716		\$ 50,918,748	

**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: OR**

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 3,217,853	\$ 2,031,098	\$ 1,514,563	\$	\$ 1,374,181	\$
b. Infants < 1 year old	\$ 10,017,516	\$ 13,330,143	\$ 8,805,641	\$	\$ 9,371,270	\$
c. Children 1 to 22 years old	\$ 12,955,403	\$ 20,261,015	\$ 10,199,614	\$	\$ 10,129,495	\$
d. Children with Special Healthcare Needs	\$ 3,455,195	\$ 3,254,858	\$ 3,372,036	\$	\$ 3,264,363	\$
e. Others	\$ 655,301	\$ 545,429	\$ 1,251,826	\$	\$ 1,251,826	\$
f. Administration	\$ 1,230,248	\$ 1,181,216	\$ 1,493,858	\$	\$ 1,495,266	\$
g. SUBTOTAL	\$ 31,531,516	\$ 40,603,759	\$ 26,637,538	\$ 0	\$ 26,886,401	\$ 0
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 1,268,333		\$ 319,757		\$ 312,657	
b. SSDI	\$ 102,698		\$ 94,664		\$ 94,664	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 19,426,826		\$ 70,001,569		\$ 18,637,043	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 5,658,202		\$ 8,424,887		\$ 8,424,887	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
FPEP Waiver	\$ 22,640,896		\$ 31,016,826		\$ 31,016,826	
Other Fed Funds	\$ 0		\$ 0		\$ 289,198	
Title X, Family Plan	\$ 0		\$ 0		\$ 2,301,880	
Others	\$ 0		\$ 289,198		\$ 0	
Title X Family Plan	\$ 0		\$ 2,301,880		\$ 0	
FP-Title X	\$ 2,139,510		\$ 0		\$ 0	
<b>III. SUBTOTAL</b>	\$ 51,236,465		\$ 112,448,781		\$ 61,077,155	



## FORM NOTES FOR FORM 4

FY 2010 Budget amounts are estimates only, based on 2007-09 State Biennial Budget.. Updates based on the 2009-2011 Biennial Budget expenditure limitations will be made in August 2009.

### FIELD LEVEL NOTES

- 1. Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** PregWomenExpended  
**Row Name:** Pregnant Women  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Budget projections were based on a legislatively approved expenditure limitation amounts, and does not include shifts in budget structure, new or discontinued grants, or other unanticipated changes. Expenditures include transfers and adjustments as needed to balance across the Title V Program (Office of Family Health).
- 2. Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** PregWomenExpended  
**Row Name:** Pregnant Women  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
Tthe difference between budgeted and expended is due to the unanticipated changes such as grants and shifts in budget structure.
- 3. Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_0\_1Expended  
**Row Name:** Infants <1 year old  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Budget projections were based on a legislatively approved expenditure limitation amounts, and does not include shifts in budget structure, new or discontinued grants, or other unanticipated changes. Expenditures include transfers and adjustments as needed to balance across the Title V Program (Office of Family Health).
- 4. Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_0\_1Expended  
**Row Name:** Infants <1 year old  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
Tthe difference between budgeted and expended is due to the unanticipated changes such as grants and shifts in budget structure.
- 5. Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_1\_22Expended  
**Row Name:** Children 1 to 22 years old  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Budget projections were based on a legislatively approved expenditure limitation amounts, and does not include shifts in budget structure, new or discontinued grants, or other unanticipated changes. Expenditures include transfers and adjustments as needed to balance across the Title V Program (Office of Family Health).
- 6. Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_1\_22Expended  
**Row Name:** Children 1 to 22 years old  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
Tthe difference between budgeted and expended is due to the unanticipated changes such as grants and shifts in budget structure.
- 7. Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** AllOthersExpended  
**Row Name:** All Others  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Budget projections were based on a legislatively approved expenditure limitation amounts, and does not include shifts in budget structure, new or discontinued grants, or other unanticipated changes. Expenditures include transfers and adjustments as needed to balance across the Title V Program (Office of Family Health).
- 8. Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** AllOthersExpended  
**Row Name:** All Others  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
Tthe difference between budgeted and expended is due to the unanticipated changes such as grants and shifts in budget structure.

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

**STATE: OR**

TYPE OF SERVICE	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 5,400,834	\$ 6,403,687	\$ 7,240,086	\$ 5,006,364	\$ 7,868,753	\$ 6,337,256
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 9,712,158	\$ 15,673,986	\$ 14,609,456	\$ 11,031,773	\$ 15,528,008	\$ 14,348,230
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,670,661	\$ 3,820,946	\$ 2,487,427	\$ 2,643,570	\$ 2,827,528	\$ 4,177,945
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 10,480,684	\$ 13,661,464	\$ 12,454,768	\$ 10,159,695	\$ 12,381,277	\$ 13,459,824
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 27,264,337	\$ 39,560,083	\$ 36,791,737	\$ 28,841,402	\$ 38,605,566	\$ 38,323,255

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

**STATE: OR**

TYPE OF SERVICE	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 6,946,150	\$ 7,130,442	\$ 5,205,306	\$	\$ 5,291,517	\$
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 11,437,773	\$ 16,059,495	\$ 8,951,554	\$	\$ 9,009,309	\$
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,978,533	\$ 4,265,564	\$ 1,926,149	\$	\$ 1,921,163	\$
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 11,169,060	\$ 13,148,258	\$ 10,554,529	\$	\$ 10,664,412	\$
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 31,531,516	\$ 40,603,759	\$ 26,637,538	\$ 0	\$ 26,886,401	\$ 0

## FORM NOTES FOR FORM 5

FY 2010 Budget amounts are estimates only, based on 2007-09 State Biennial Budget.. Updates based on the 2009-2011 Biennial Budget expenditure limitations will be made in August 2009.

### FIELD LEVEL NOTES

1. **Section Number:** Form5\_Main  
**Field Name:** DirectHCExpended  
**Row Name:** Direct Health Care Services  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Budget projections were based on a legislatively approved expenditure limitation amounts, and does not include shifts in budget structure, new or discontinued grants, or other unanticipated changes. Expenditures include transfers and adjustments as needed to balance across the Title V Program (Office of Family Health).
2. **Section Number:** Form5\_Main  
**Field Name:** DirectHCExpended  
**Row Name:** Direct Health Care Services  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
The difference between budgeted and expended is due to the unanticipated changes such as grants and shifts in budget structure.
3. **Section Number:** Form5\_Main  
**Field Name:** EnablingExpended  
**Row Name:** Enabling Services  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Budget projections were based on a legislatively approved expenditure limitation amounts, and does not include shifts in budget structure, new or discontinued grants, or other unanticipated changes. Expenditures include transfers and adjustments as needed to balance across the Title V Program (Office of Family Health).
4. **Section Number:** Form5\_Main  
**Field Name:** EnablingExpended  
**Row Name:** Enabling Services  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
The difference between budgeted and expended is due to the unanticipated changes such as grants and shifts in budget structure.
5. **Section Number:** Form5\_Main  
**Field Name:** PopBasedExpended  
**Row Name:** Population-Based Services  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Budget projections were based on a legislatively approved expenditure limitation amounts, and does not include shifts in budget structure, new or discontinued grants, or other unanticipated changes. Expenditures include transfers and adjustments as needed to balance across the Title V Program (Office of Family Health).
6. **Section Number:** Form5\_Main  
**Field Name:** PopBasedExpended  
**Row Name:** Population-Based Services  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
The difference between budgeted and expended is due to the unanticipated changes such as grants and shifts in budget structure.
7. **Section Number:** Form5\_Main  
**Field Name:** InfrastrBuildExpended  
**Row Name:** Infrastructure Building Services  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Budget projections were based on a legislatively approved expenditure limitation amounts, and does not include shifts in budget structure, new or discontinued grants, or other unanticipated changes. Expenditures include transfers and adjustments as needed to balance across the Title V Program (Office of Family Health).
8. **Section Number:** Form5\_Main  
**Field Name:** InfrastrBuildExpended  
**Row Name:** Infrastructure Building Services  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
The difference between budgeted and expended is due to the unanticipated changes such as grants and shifts in budget structure.

**FORM 6**

**NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED**

*Sect. 506(a)(2)(B)(iii)*

**STATE: OR**

**Total Births by Occurrence:** 49,417

**Reporting Year: 2008**

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	49,417	100	8	0	0	
Congenital Hypothyroidism	49,417	100	493	25	25	100
Galactosemia	49,417	100	27	3	3	100
Sickle Cell Disease	49,417	100	7	7	7	100
<b>Other Screening (Specify)</b>						
Cystic Fibrosis	49,417	100	279	8	8	100
Other	49,417	100	9	1	1	100
Isovaleric Acidemia	49,417	100	2	1	1	100
Propionic Acidemia	49,417	100	1	1	1	100
3-Methylcrotonyl-CoA Carboxylase Deficiency	49,417	100	1	1	1	100
21-Hydroxylase Deficient Congenital Adrenal Hyperplasia	49,417	100	108	3	3	100
Long-Chain L-3-Hydroxy Acyl-CoA Dehydrogenase Deficiency	49,417	100	1	1	1	100

**Screening Programs for Older Children & Women (Specify Tests by name)**

- (1) Use occurrent births as denominator.  
 (2) Report only those from resident births.  
 (3) Use number of confirmed cases as denominator.

## FORM NOTES FOR FORM 6

None

### FIELD LEVEL NOTES

1. **Section Number:** Form6\_Main  
**Field Name:** BirthOccurence  
**Row Name:** Total Births By Occurence  
**Column Name:** Total Births By Occurence  
**Year:** 2010  
**Field Note:**  
2008 Births by occurrence, Center for Health Statistics. Screening data from the Oregon Public Health Laboratory.
2. **Section Number:** Form6\_Main  
**Field Name:** SickCellDisease\_Confirmed  
**Row Name:** SickCellDisease  
**Column Name:** Confirmed Cases  
**Year:** 2010  
**Field Note:**  
Presumptive, confirmed and treated cases are the same number.
3. **Section Number:** Form6\_Other Screening Types  
**Field Name:** Other  
**Row Name:** All Rows  
**Column Name:** All Columns  
**Year:** 2010  
**Field Note:**  
Other includes:  
  
CPT1a - screened 49,417; Presumptive screens - 1; Confirmed Cases - 1; Needing treatment that received treatment - 1  
  
Hyperphenylalanemia - screened 49,417; Presumptive screens - 8; Confirmed Cases - 1; Needing treatment that received treatment - 1

**FORM 7**  
**NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V**  
**(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)**

[Sec. 506(a)(2)(A)(i-ii)]

**STATE: OR**

**Reporting Year: 2008**

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	58,467	41.0		55.5	3.1	0.4
Infants < 1 year old	49,190	41.0		55.5	3.1	0.4
Children 1 to 22 years old	938,842	54.5		15.0	22.8	7.7
Children with Special Healthcare Needs	11,119	44.6		52.7	2.8	0.0
Others	67,297	62.6		5.3	32.2	0.0
<b>TOTAL</b>	<b>1,124,915</b>					

## FORM NOTES FOR FORM 7

None

### FIELD LEVEL NOTES

1. **Section Number:** Form7\_Main  
**Field Name:** PregWomen\_TS  
**Row Name:** Pregnant Women  
**Column Name:** Title V Total Served  
**Year:** 2010  
**Field Note:**  
Source: Oregon Center for Health Statistics, 2008. Includes births and abortions. Insurance coverage is for births only.
2. **Section Number:** Form7\_Main  
**Field Name:** Children\_0\_1\_TS  
**Row Name:** Infants <1 year of age  
**Column Name:** Title V Total Served  
**Year:** 2010  
**Field Note:**  
2008 data. Center for Health Statistics. Insurance Coverage is from birth certificate data.
3. **Section Number:** Form7\_Main  
**Field Name:** Children\_1\_22\_TS  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** Title V Total Served  
**Year:** 2010  
**Field Note:**  
2008 data. Form 7 specifies 1-22; however, this data only includes 1-19 year olds since that's what is readily available from the Oregon Population Report put out by the Population Research Center, Portland State University. Payment source of coverage based on average of local program services, supported by Title V; includes Babies First!, School Based Health Centers, and Family Planning services to persons under 21 years of age.
4. **Section Number:** Form7\_Main  
**Field Name:** CSHCN\_TS  
**Row Name:** Children with Special Health Care Needs  
**Column Name:** Title V Total Served  
**Year:** 2010  
**Field Note:**  
Title V Total Served is equal to the sum of the total number of CSHCN clients served through the CDRC Multi-Disciplinary Clinics (n = 8,226), and OCCYSHN sponsored community-based programs, CaCoon (n = 1,834) and Community Connections Network (n = 343), and the Family Support Program (n = 716). The sum of these individual totals equals 11,119 children served in 2008.
5. **Section Number:** Form7\_Main  
**Field Name:** AllOthers\_TS  
**Row Name:** Others  
**Column Name:** Title V Total Served  
**Year:** 2010  
**Field Note:**  
FY 2008 data, Family Planning Clients over 22 years of age; Office of Family Health Client Data.



**FORM 8**  
**DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE**  
**XIX**  
**(BY RACE AND ETHNICITY)**  
[SEC. 506(A)(2)(C-D)]  
**STATE: OR**

Reporting Year: 2007

**I. UNDUPLICATED COUNT BY RACE**

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	49,223	43,963	1,172	942	2,446	223	142	335
Title V Served	6,477	4,433	505	123	312	0	14	1,090
Eligible for Title XIX	22,986	20,531	547	440	1,142	104	66	156
<b>INFANTS</b>								
Total Infants in State	49,223	43,963	1,172	942	2,446	223	142	335
Title V Served	9,232	6,086	575	118	82	0	0	2,371
Eligible for Title XIX	22,986	20,531	547	440	1,142	104	66	156

**II. UNDUPLICATED COUNT BY ETHNICITY**

				<b>HISPANIC OR LATINO (Sub-categories by country or area of origin)</b>				
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	38,783	10,115	325	8,267	53	104	400	1,291
Title V Served	5,005	1,359	113	0	0	0	0	1,359
Eligible for Title XIX	18,112	4,724	152	3,861	25	49	187	602
<b>INFANTS</b>								
Total Infants in State	38,783	10,115	325	8,267	53	104	400	1,291
Title V Served	6,735	2,204	293	0	0	0	0	2,204
Eligible for Title XIX	18,112	4,724	152	3,861	25	49	187	602

**FORM NOTES FOR FORM 8**

2008 Birth data by race and ethnicity not available due to implementation of the new birth certificate and data system (as of 9-4-09)

**FIELD LEVEL NOTES**

None

**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM**  
[SECS. 505(A)(E) AND 509(A)(8)]  
**STATE: OR**

	<b>FY 2010</b>	<b>FY 2009</b>	<b>FY 2008</b>	<b>FY 2007</b>	<b>FY 2006</b>
1. State MCH Toll-Free "Hotline" Telephone Number	1-800-SAFENET	1-800-SAFENET	1-800-SAFENET	1-800-SAFENET	(800) SAFENET
2. State MCH Toll-Free "Hotline" Name	211Info (SafeNet)	211Info (SafeNet)	211Info (SafeNet)	211Info (SafeNet)	211 Info (SafeNet)
3. Name of Contact Person for State MCH "Hotline"	Jeri Shumate	Jeri Shumate	Jeri Shumate	Jeri Shumate	Jeri Shumate
4. Contact Person's Telephone Number	503-265-5400	503-265-5400	503-265-6500	503-226-3099	503-226-3099
5. Contact Person's Email	jeri@211info.org				
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	23,441	21,291	28,416

**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)**  
[SECS. 505(A)(E) AND 509(A)(8)]  
**STATE: OR**

	<b>FY 2010</b>	<b>FY 2009</b>	<b>FY 2008</b>	<b>FY 2007</b>	<b>FY 2006</b>
1. State MCH Toll-Free "Hotline" Telephone Number					
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"					
4. Contact Person's Telephone Number					
5. Contact Person's Email					
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

**FORM NOTES FOR FORM 9**

The Oregon SafeNet website, created in early 2008, had 5,030 unique visitors viewing 16,298 pages. Specific to maternal and child health there were 1,127 page views for womens health, 1,043 for children's health and 651 for WIC information. The online directory had 74,641 visitors.

Website at: <http://www.oregonsafenet.org/index.html>

**FIELD LEVEL NOTES**

None

**FORM 10**  
**TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT**  
**STATE PROFILE FOR FY 2010**  
*[SEC. 506(A)(1)]*  
**STATE: OR**

1. State MCH Administration:  
(max 2500 characters)

The Office of Family Health, Oregon Public Health Division, of the Dept of Human Services, administers the Title V Program. The services located in the state Title V agency include grants to counties, policy and program development and evaluation, population-based assessment and surveillance, and leadership and coordination of health systems and services for MCH populations, including high-risk pregnant women, infants and children, adolescents, and children with special health care needs. The Oregon Center for Children and Youth with Special Health Needs, in the Child Development and Rehabilitation Center, of the Oregon Health and Science University, administers the state Title V Program for children with special health needs. Direct and enabling individual services, community-based collaboration and coordination, and local assessments is conducted with Title V funds awarded by contract to county health departments in Oregon.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 6,226,453
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 12,851,225
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 7,808,723
7. Program Income (Line 6, Form 2)	\$ 0
<b>8. Total Federal-State Partnership (Line 8, Form 2)</b>	<b>\$ 26,886,401</b>

9. Most significant providers receiving MCH funds:

County Health Departments
Tribal Governments

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	58,467
b. Infants < 1 year old	49,190
c. Children 1 to 22 years old	938,842
d. CSHCN	11,119
e. Others	67,297

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:  
(max 2500 characters)

Title V supports services across the life continuum, public health nurses in county health departments provide assessment, screening. Between 2001-2006, local public health nurses provided home visiting through the Babies First! home visiting program to an average of 10,540 clients per year, of which 76% of children with multiple risk factors, such as parents with addiction behaviors. Local public health nurses provide counseling, case management, medical care, client advocacy and parent education, as well as referral and follow-up. Title V supports the Oregon Center for Children and Youth with Special Health Needs Program (OCCYSHN) to assist interdisciplinary community based teams and public health nurses providing a variety of care coordination functions throughout the state. OCCYSHN's community based programs collaborate with local and state partners to facilitate services and provider training to enhance the community. Cultural competency and family involvement are infused in all aspects of OCCYSHN's community based activities.

b. Population-Based Services:  
(max 2500 characters)

Title V programs link children, youth and families with services such as the Maternity Case Management, Newborn and Early Hearing Screening, Babies First and CaCoon identify risks and potential problems and linkage with appropriate health and related services, including early intervention for infants and children with special health needs. Oregon MothersCare provides linkages and assistance with Medicaid or health insurance enrollment early in pregnancy. Title V leads the OCCYSHN Family Involvement Network as an active statewide group of parents of children with special health needs that work with community based teams, providing family perspectives, supporting local families, and identifying community resources. OCCYSHN's Family Support Program provides limited financial support to assist families with items needed to care for their child/youth with special needs that are not covered by insurance. Oregon's School-Based Health Centers (SBHCs) provides comprehensive physical, mental and preventive health services to youth and adolescents in a school setting. Oregon's 45 SBHCs serve over 20,000 clients in 69,000 visits; about 45% are uninsured. Students report they were unlikely to receive care outside of the SBHC and more than half of students reported their health was better because of the SBHC.

c. Infrastructure Building Services:  
(max 2500 characters)

Title V programs promote partnerships and coalitions to improve systems of care and state policies related to Maternal and Child Health and Children/Youth with Special Health Needs. Data collection, identification of best practice, and broad collaboration provides the basis for systems change and service improvement activities. Collaborative statewide action planning is achieved for oral health, preconception care, early childhood development, and consultation with child care providers. Oregon's Title V public health and OCCYSHN programs regularly involve family consultants in statewide policy and program decision-making. Family consultants have assisted in the development of statewide systems to improve early childhood developmental screening and referral, local client data systems, and work to expand family involvement at all levels, including the Family Involvement Network. Workforce training and technical assistance is provided by the Oregon Title V Programs to assure culturally competent and professional services are available in every community. The OCCYSHN program provides training and outreach to community providers to improve their knowledge and confidence in serving children with special health needs, including diagnosis, treatment and early and continuous screening.

12. The primary Title V Program contact person:

13. The children with special health care needs (CSHCN) contact person:

Name Katherine J. Bradley, Ph.D., R.N.  
Title Administrator  
Address 800 N.E. Oregon St. Suite 850  
City Portland  
State Oregon  
Zip 97232  
Phone 971.673.0233  
Fax 971.673.0231  
Email katherine.bradley@state.or.us  
Web www.oregon.gov/DHS/ph/ofhs

Name Marilyn Hartzell, M.Ed.  
Title Director, OCCYSHN, CDRC  
Address P.O. Box 574  
City Portland  
State Oregon  
Zip 97207  
Phone 503.494.6961  
Fax 503.494.2755  
Email hartzell@ohsu.edu  
Web www.ohsu.edu/cdrc/occyshn/

**FORM NOTES FOR FORM 10**

None

**FIELD LEVEL NOTES**

None

**FORM 11**  
**TRACKING PERFORMANCE MEASURES**  
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]  
**STATE: OR**

**Form Level Notes for Form 11**

None

**PERFORMANCE MEASURE # 01**

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

<b>Annual Objective and Performance Data</b>					
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Performance Objective</b>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
<b>Annual Indicator</b>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
<b>Numerator</b>	<u>24</u>	<u>48</u>	<u>36</u>	<u>60</u>	<u>51</u>
<b>Denominator</b>	<u>24</u>	<u>48</u>	<u>36</u>	<u>60</u>	<u>51</u>

**Data Source**

Or Public Health Lab

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

**Is the Data Provisional or Final?**

Final

Final

<b>Annual Objective and Performance Data</b>					
	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Annual Performance Objective</b>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #1  
**Field Name:** PM01  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 Source: Newborn Screening



**PERFORMANCE MEASURE # 02**

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	57	59	55	55	56
Annual Indicator	54.6	54.6	54.6	55.5	55.5
Numerator	62,990	62,990	62,990		
Denominator	115,367	115,367	115,367		
Data Source					2005/06 NS-CSHCN
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2009	2010	2011	2012	2013
Annual Performance Objective	57	57	57	57	57
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #2

**Field Name:** PM02

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Similar to national estimates (57.5 percent), slightly more than half of Oregon families of CSHCN (55.5 percent) indicate they are partners in decision making at all levels and are satisfied with services they receive.

2. **Section Number:** Form11\_Performance Measure #2

**Field Name:** PM02

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

3. **Section Number:** Form11\_Performance Measure #2

**Field Name:** PM02

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data reported for 2004-2006 are from the 2003 National Survey for Children's Health - Children with Special Health Needs SLAITS data. The survey is conducted every 3-4 years. New data will be available in 2008-9.

**PERFORMANCE MEASURE # 03**

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	55	60	53	53	53
Annual Indicator	52.3	52.3	52.3	47.4	47.4
Numerator	60,337	60,337	60,337		
Denominator	115,367	115,367	115,367		
Data Source					2005/06 NS- CSHCN
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	48	50	53	55	55
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2008**Field Note:**

Nearly half of Oregon CSHCN (47.4 percent) received coordinated, ongoing comprehensive care within a medical home. This is nearly identical to the percentage of CSHCN nationally who were estimated to have received care in a medical home (47.1 percent).

**2. Section Number:** Form11\_Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

**3. Section Number:** Form11\_Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data reported for 2004-2006 are from the 2003 National Survey for Children's Health - Children with Special Health Needs SLAITS data. The survey is conducted every 3-4 years. New data will be available in 2008-9.

**PERFORMANCE MEASURE # 04**

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

	<b>Annual Objective and Performance Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Performance Objective</b>	57	58	56	56	62
<b>Annual Indicator</b>	55.7	55.7	55.7	61.5	61.5
<b>Numerator</b>	64,259	64,259	64,259		
<b>Denominator</b>	115,367	115,367	115,367		
<b>Data Source</b>					2005/06 NS-CSHCN
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.</p> <p>(Explain data in a year note. See Guidance, Appendix IX.)</p>					
<b>Is the Data Provisional or Final?</b>				Final	Provisional

	<b>Annual Objective and Performance Data</b>				
	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Annual Performance Objective</b>	62	65	65	65	65
<b>Annual Indicator</b>					
<b>Numerator</b>	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
<b>Denominator</b>					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #4

**Field Name:** PM04

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Almost two-thirds of families of CSHCN in Oregon indicated they have adequate public and/or private insurance to pay for needed services (61.5 percent). In comparison, the percentage of families indicating adequate public or private insurance was nearly identical (62.0 percent).

2. **Section Number:** Form11\_Performance Measure #4

**Field Name:** PM04

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

3. **Section Number:** Form11\_Performance Measure #4

**Field Name:** PM04

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data reported for 2004-2006 are from the 2003 National Survey for Children's Health - Children with Special Health Needs SLAITS data. The survey is conducted every 3-4 years. New data will be available in 2008-9.

**PERFORMANCE MEASURE # 05**

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

	<b>Annual Objective and Performance Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Performance Objective</b>	<u>75</u>	<u>78</u>	<u>74</u>	<u>74</u>	<u>90</u>
<b>Annual Indicator</b>	<u>73.9</u>	<u>73.9</u>	<u>73.9</u>	<u>88.3</u>	<u>88.3</u>
<b>Numerator</b>	<u>85,256</u>	<u>85,256</u>	<u>85,256</u>		
<b>Denominator</b>	<u>115,367</u>	<u>115,367</u>	<u>115,367</u>		
<b>Data Source</b>					2005/06 NS-CSHCN
<b>Check this box if you cannot report the numerator because</b> <b>1. There are fewer than 5 events over the last year, and</b> <b>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.</b> <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
<b>Is the Data Provisional or Final?</b>				Final	Provisional

	<b>Annual Objective and Performance Data</b>				
	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Annual Performance Objective</b>	<u>90</u>	<u>92</u>	<u>92</u>	<u>92</u>	<u>92</u>
<b>Annual Indicator</b>					
<b>Numerator</b>	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
<b>Denominator</b>					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2008**Field Note:**

Nearly 90 percent of families of CSHCN in Oregon (88.3 percent) and nationally (89.1 percent) reported that community-based systems are organized for ease of use.

**2. Section Number:** Form11\_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

**3. Section Number:** Form11\_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data reported for 2004-2006 are from the 2003 National Survey for Children's Health - Children with Special Health Needs SLAITS data. The survey is conducted every 3-4 years. New data will be available in 2008-9.

**PERFORMANCE MEASURE # 06**

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	6	10	6	6	45
Annual Indicator	5.8	5.8	5.8	43.7	43.7
Numerator	6,691	6,691	6,691		
Denominator	115,367	115,367	115,367		
Data Source					2005/06 NS-CSHCN
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	45	48	48	48	48
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #6

**Field Name:** PM06

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Over 40 percent (43.7) of CSHCN youth in Oregon between the ages of 12 and 17 were estimated to have received services needed for transition to adulthood. National estimates for this performance measure indicate a similar percentage (41.2 percent).

2. **Section Number:** Form11\_Performance Measure #6

**Field Name:** PM06

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

3. **Section Number:** Form11\_Performance Measure #6

**Field Name:** PM06

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data reported for 2004-2006 are from the 2003 National Survey for Children's Health - Children with Special Health Needs SLAITS data. The survey is conducted every 3-4 years. New data will be available in 2008-9.

**PERFORMANCE MEASURE # 07**

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	79	79	80	75	79
Annual Indicator	78.5	72	78.4	72.4	72.4
Numerator					
Denominator					
Data Source					National Immunization Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	79	80	80	80	80
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2008**Field Note:**

The percent of Oregon two year olds receiving all recommended immunizations has remained stagnant over the past four years. While Oregon is not expected to meet the Healthy People 2010 national series objective of 80%, Oregon is on track to meet the 90% Healthy People 2010 goals for Polio, Measles, Mumps and Rubella, Haemophilus influenza, and Hepatitis B. 2008 data not available.

**2. Section Number:** Form11\_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2007**Field Note:**

Target for 2007 should be changed to 79.0%

**3. Section Number:** Form11\_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source: National Immunization Survey

Target for 2006 should be changed to 79.0%

Rates for 2004 should be changed to 78.9% and 72.9% for 2005.

**PERFORMANCE MEASURE # 08**

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	17	16	15.5	15	15
Annual Indicator	15.6	15.8	17.7	16.6	17.5
Numerator	1,117	1,151	1,303	1,228	1,314
Denominator	71,614	72,821	73,444	73,997	75,054
Data Source					Or. Ctr Health Statistics, 2008
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2009	2010	2011	2012	2013
Annual Performance Objective	17	16	15	14	13.5
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes**

- Section Number:** Form11\_Performance Measure #8  
**Field Name:** PM08  
**Row Name:**  
**Column Name:**  
**Year:** 2008  
**Field Note:**  
 Numerator: Oregon Center for Health Statistics  
 Denominator: Population Research Center  
 The birth rate for teenagers (15-17) trended upwards between 2004 (15.6) to 2006 (17.7). The three year average from 2006 to 2008 shows a slight reduction to 17.3 per 1,000 teens, from the high of 17.7 in the single year 2006.
- Section Number:** Form11\_Performance Measure #8  
**Field Name:** PM08  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 Source: Oregon Center for Health Statistics
- Section Number:** Form11\_Performance Measure #8  
**Field Name:** PM08  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 Source: Oregon Center for Health Statistics, 2006

**PERFORMANCE MEASURE # 09**

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	55	55	55	52	52
Annual Indicator	50.0	50.0	42.0	42.7	42.7
Numerator	650	650	546	1,261	1,261
Denominator	1,301	1,301	1,301	2,953	2,953
Data Source					Oregon Smile Survey, 2007
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	44	44	50	52	55
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #9

**Field Name:** PM09**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data for this measure is available only every five years through the Oregon Smile Survey. 2007 data are carried forward for 2008.

The two data points available (2002 and 2007) are similar to one another (42% and 43% respectively) and indicate that little progress has been made on this measure. Both percents are below the Healthy People 2010 goal of 50%.

2. **Section Number:** Form11\_Performance Measure #9

**Field Name:** PM09**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: Oregon Smile Survey, 2007.

3. **Section Number:** Form11\_Performance Measure #9

**Field Name:** PM09**Row Name:****Column Name:****Year:** 2006**Field Note:**

The next anticipated dateData source is the Oregon Smile Survey, last performed in 2000. Numerator and denominator is carried forward for each year. The next Smile Survey is scheduled for 2006/2007, and results will be available late 2007.

The correct percentage for 2004-2006 is 42%



**PERFORMANCE MEASURE # 10**

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	3.6	3.4	3.2	2.8	2.8
Annual Indicator	3.6	3.0	3.3	3.3	3.3
Numerator	26	21	23	23	23
Denominator	729,110	699,202	702,864	702,864	702,864
Data Source					CDC-Injury Query and Reporting System 2006
Do not report the numerator because there were fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>3</u>	<u>3</u>	<u>2.7</u>	<u>2.7</u>	<u>2.5</u>
Annual Indicator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Numerator					
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #10

**Field Name:** PM10

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

The most recent data for this measure (2006) indicates a rate of 3.3 deaths per 100,000 children 14 years and younger. This rate is comparable to the rates for 2004 (3.6) and 2005 (3.0). 2006 data from CDC Web-based Injury Statistics Query and Reporting System is carried over for 2007 and 2008.

2. **Section Number:** Form11\_Performance Measure #10

**Field Name:** PM10

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Source: Oregon Center for Health Statistics. Death data for 2006 and 2007 not available as of July 1, 2008.

2005 data is repeated for 2006 and 2007 for purposes of TVIS reporting.

3. **Section Number:** Form11\_Performance Measure #10

**Field Name:** PM10

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Death statistic data for 2006 and 2007 not available as of July 1, 2008.

2005 data is repeated for 2006 and 2007 for purposes of TVIS reporting.

**PERFORMANCE MEASURE # 11**

The percent of mothers who breastfeed their infants at 6 months of age.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			55	58	60
Annual Indicator		53	56.4	62.1	62.1
Numerator					
Denominator					
Data Source					National Immunization Survey
Do not report the numerator because there are fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Enter a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	63	63	64	64	65
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #11**Field Name:** PM11**Row Name:****Column Name:****Year:** 2008**Field Note:**

The most recent data for this measure indicates that 62.1% of Oregon women breastfed their infants at 6 months in 2005, the highest percentage of any state and a slight increase over the 2004 percent (59.6). Both numbers are substantially higher than the Healthy People 2010 objective of 50%. Updated with correct data from National Immunization Survey, new data from NIS not available until late 2009.

Updated data (2008 Report)

2004 = 59.6%

2005 = 62.1%

2006 = 62.1%

Note on 2006 Note: the data in this note is no longer up to date.

**2. Section Number:** Form11\_Performance Measure #11**Field Name:** PM11**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: National Immunization Data, CDC. Table 2, Geographic-specific Breastfeeding Rates among Children. Correct trends are:

2004= 59.6%

2005= 62.1%

2006= 62.1%

**3. Section Number:** Form11\_Performance Measure #11**Field Name:** PM11**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source: National Immunization Data, CDC. Table 2, Geographic-specific Breastfeeding Rates among Children. Correct trends are:

2000 = 54.3%

2001 = 57.5%

2002 = 47.9%

2003 = 62.3%

2004 56.4%

Data from 2004 also known as 2006 respondents - mothers of babies age 19-35 months old.

NIS does not provide a numerator and denominator.

**PERFORMANCE MEASURE # 12**

Percentage of newborns who have been screened for hearing before hospital discharge.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	98.8	99.1	99.4	99.7	99.5
Annual Indicator	93.4	95.4	93.5	97.6	96.4
Numerator	43,310	44,594	45,516	48,205	46,448
Denominator	46,357	46,763	48,684	49,373	48,190

**Data Source**Or. Ctr Health Stats  
and EHDI Program

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	99.5	99.5	99.5	99.5	99.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2008**Field Note:**

For 2008, 93.9% of newborns in Oregon were screened for hearing before hospital discharge. This is 3.7 percentage points lower than 2007 but comparable to both 2006 (93.5%) and 2004 (94.9%).

2004: denominator = 45,660; percentage = 94.9%

2005: denominator = 45,905; percentage = 97.1%

**2. Section Number:** Form11\_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: Numerator: EHDI Reporting System; Denominator: Oregon Center for Health Statistics.

**3. Section Number:** Form11\_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2006**Field Note:**

Denominator is provisional resident births for 2006, unadjusted for infant deaths.

**PERFORMANCE MEASURE # 13**

Percent of children without health insurance.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	9	9	9	12	12
Annual Indicator	12.0	12.0	12.6	12.2	12.2
Numerator	101,616	101,616	119,376	104,057	104,057
Denominator	848,001	848,001	947,427	854,842	854,842
Data Source					Natl. Survey Child. Health
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	12	10	10	10	10
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2008**Field Note:**

The correct percent of children without health insurance for the years 2004-2006 is 13%.

The percent of children 0-19 without health insurance declined from 13.0% to 12.6% from 2004 to 2006. The 2007 number (12.2%) is not directly comparable to the earlier numbers for two reasons: 1) it comes from the National Survey of Children's Health (NSCH) whereas the prior numbers come from the Oregon Population Survey; 2) the NSCH only covers children 0-17. Moreover, the NSCH was conducted in 2007 and does not account for the increase in unemployment (and likely concurrent increase in uninsurance) in 2008).

**2. Section Number:** Form11\_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: National Survey of Children's Health, 2007.

**3. Section Number:** Form11\_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2006**Field Note:**

Population Health Survey available every other year; numerator is calculated based on population of children 0-19 as of 2005. The question on health insurance coverage was dropped after 2006 due to data inconsistencies.

The correct percentages for both 2004 and 2005 is 13%

**PERFORMANCE MEASURE # 14**

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			31	33	33
Annual Indicator		31.2	31.8	32.1	32.1
Numerator		33,437	14,255	14,613	14,613
Denominator		107,169	44,826	45,525	45,525
Data Source					Pediatric Nutrition Surveillance Survey, 2007
Do not report the numerator because there were fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?	Final				Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	32	32	31	30	30
Annual Indicator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Numerator					
Denominator					

**Field Level Notes**

- Section Number:** Form11\_Performance Measure #14  
**Field Name:** PM14  
**Row Name:**  
**Column Name:**  
**Year:** 2008  
**Field Note:**  
 Data carried over from the most recent Pediatric Nutrition Surveillance Survey, 2007. Both 2006 and 2007 data show that approximately 32% of Oregon WIC clients between the ages of 2-5 years have a BMI above the 85th percentile.
- Section Number:** Form11\_Performance Measure #14  
**Field Name:** PM14  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 Source: Pediatric Nutrition Surveillance Survey.
- Section Number:** Form11\_Performance Measure #14  
**Field Name:** PM14  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 The data entered here is cumulative data for 2003-05 from the Pediatric Nutrition Surveillance Survey.

**PERFORMANCE MEASURE # 15**

Percentage of women who smoke in the last three months of pregnancy.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective			11.6	12	10
Annual Indicator		12.1	10.7	10.3	10.3
Numerator		201	4,939	4,883	4,883
Denominator		1,661	46,146	47,614	47,614
Data Source					PRAMS 2007

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	10	9.5	9.5	9	9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2008**Field Note:**

From weighted PRAMS data, this measure is showing a decline in the percentage over the past 3 years from 12.1% (2005) to 10.7% (2006) to 10.4% (2007). PRAMS 2008 data is not yet available, so 2007 data is carried over.

Note: the PRAMS data for 2003-2005 in the 2006 Note for NPM #15 is no longer valid.

**2. Section Number:** Form11\_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: PRAMS, 2006; weighted data.

**3. Section Number:** Form11\_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source: PRAMS, 2006; weighted data.

The data for 2005 should be corrected; PRAMS 2005 data is the most recent available and the following shows trends over last few years. This is unweighted data:

2003: 12.1% (N=201. D= 1661 PRAMS respondents who reported they smoked during pregnancy.)

2004: 13.7% (N=235, D=1909 PRAMS respondents who reported they smoked during pregnancy)

2005: 13.7% (N=249; D=1866 PRAMS respondents who reported they smoked during pregnancy)

**PERFORMANCE MEASURE # 16**

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	8	6	6	7	7.5
Annual Indicator	6.2	7.4	8.1	8.4	10.1
Numerator	16	18	20	21	26
Denominator	256,544	244,360	246,476	248,780	256,673

Data Source

Oregon Center for Health Statistics

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	9.5	9	8	7	6.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #16

**Field Name:** PM16

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

The rate of suicide deaths among teenagers has increased steadily over the years from 6.2 per 100,000 in 2004 to 10.1 in 2008. However, given the infrequent nature of these events, this trend should be interpreted cautiously.

2. **Section Number:** Form11\_Performance Measure #16

**Field Name:** PM16

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Source: Oregon Center for Health Statistics

3. **Section Number:** Form11\_Performance Measure #16

**Field Name:** PM16

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Source: Oregon Center for Health Statistics

**PERFORMANCE MEASURE # 17**

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
<b>Annual Performance Objective</b>	85	85	85	81	99
<b>Annual Indicator</b>	81.9	79.1	75.7	99.2	99.4
<b>Numerator</b>	397	375	368	475	484
<b>Denominator</b>	485	474	486	479	487

**Data Source**Or. Ctr Health  
Statistics, 2008

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
<b>Annual Performance Objective</b>	99.5	99.5	99.5	99.5	99.5
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2008**Field Note:**

Oregon does not have designated high risk facilities, Data from 2007 forward is based on very low birthweight infants born in hospitals. Previous years based on very low birth weight infants born at the 6 Oregon hospitals with NICUs.

**2. Section Number:** Form11\_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: Hospital Discharge Data, 2007.

Previous year reported from 6 hospitals with NICUs. 2007 data is reporting from all hospitals and birthing centers.

Oregon does not have designated high risk delivery facilities, so numerator is based on very low birthweight infants born in hospitals.

**3. Section Number:** Form11\_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2006**Field Note:**

Oregon does not have designated high risk delivery facilities, so numerator is based on very low birthweight infants born in hospitals.



**PERFORMANCE MEASURE # 18**

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	85	85	85	82	82
Annual Indicator	81.5	81.0	79.2	78.4	78.4
Numerator	38,532	36,610	38,475	38,484	38,484
Denominator	47,290	45,195	48,559	49,078	49,078
Data Source					Oregon Center for Health Statistics 2007
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional
Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	80	80	81	81	82
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #18

**Field Name:** PM18

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Oregon implemented the use of the 2003 US Standard Birth Certificate of Live Birth in 2008. Several variables will be used to determine whether a pregnant woman had first trimester care or not. The Oregon Center for Health Statistics has not finalized this computation and therefore, 2008 data is not yet available.

In recent years, there has been a small decrease in the percentage of women who have received prenatal care beginning in the first trimester, from a high of 81.0% in 2004 to a low of 78.4% in 2007.

2. **Section Number:** Form11\_Performance Measure #18

**Field Name:** PM18

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Source: Oregon Center for Health Statistics

3. **Section Number:** Form11\_Performance Measure #18

**Field Name:** PM18

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Source: Oregon Center for Health Statistics

**STATE PERFORMANCE MEASURE # 1**

Percent of births where mothers report that the pregnancy was intended

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			62.7	63	63.4
Annual Indicator	62.9	62.0	62.1	60.6	60.6
Numerator	28,720	28,456	30,025	28,571	28,571
Denominator	45,660	45,905	48,336	47,183	47,183
Data Source					PRAMS 2007
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	63.8	63.8	63.8	64.5	64.5
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2008**Field Note:**

Most recent data is weighted PRAMS data, 2007, carried over for 2008. Data indicate a small decline in pregnancy intendedness, from a high of 62.9% in 2004 to a low of 60.6% in 2007. All numbers are below the Healthy People 2010 objective of 70%.

**2. Section Number:** Form11\_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: Weighted 2007 PRAMS data

**3. Section Number:** Form11\_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source: PRAMS, 2005. Weighted numerator and denominator

**STATE PERFORMANCE MEASURE # 2**

Percent of smoking women who quit smoking during their pregnancy and did not begin smoking postpartum.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			57.9	64	64.5
Annual Indicator	60.8	63.6	52.0	64.6	64.6
Numerator	2,633	2,232	2,501	3,265	3,265
Denominator	4,328	3,508	4,807	5,054	5,054
Data Source					PRAMS 2007
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>64.5</u>	<u>65</u>	<u>65</u>	<u>65</u>	<u>65</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2008**Field Note:**

From weighted 2007 PRAMS data. PRAMS 2008 data is not yet available, so 2007 data is carried over.

The percent of women who quit smoking postpartum and did not begin smoking postpartum has had large swings in recent years, from a high of 64.6% in 2007 to a low of 52.0% in 2006. However, given the small sample sizes and large confidence intervals associated with this measure, these percents are not statistically different from one another. The 52.0% in 2006 has a 95% confidence interval that ranges from 39.8%-64.2% and the 64.6% in 2007 has a 95% confidence interval that ranges from 52.4% and 76.7%.

**2. Section Number:** Form11\_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: Weighted PRAMS data, 2007.

**3. Section Number:** Form11\_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source: Oregon PRAMS

**STATE PERFORMANCE MEASURE # 3**

Percent of infants diagnosed with hearing loss that are enrolled or in Early Intervention before 6 months of age.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			53.4	54	54
Annual Indicator		40.7	34.7	49.2	53.8
Numerator		24	25	29	21
Denominator		59	72	59	39
Data Source					Oregon EHDI Program
Is the Data Provisional or Final?				Final	Final
<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	55	56	57	58	58
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 marks the first time that more than 50% of infants diagnosed with hearing loss were enrolled in early intervention before 6 months of age. However, this measure should be interpreted with caution as both the numerator and the denominator are relatively small, making the measure prone to fluctuation.

**2. Section Number:** Form11\_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: Oregon EHDI Program

**3. Section Number:** Form11\_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2006**Field Note:**

EHDI referred a total of 81 infants to EI. Of those, 38 enrolled in EI by six months of age, six enrolled between six and 12 months of age, 17 did not enroll, and 20 had an unknown enrollment status. Of the 17 infants who did not enroll in EI, five were not eligible for the program due to normal hearing (4) or due to unilateral/mild loss (1), two moved out of Oregon, seven families refused the services, and three were lost to follow-up. Excluding the seven infants who were not eligible for the program or moved out of the state, the rate of enrollment by six months of age was 51% (38/74).

**STATE PERFORMANCE MEASURE # 4**

Percent of children that complete the 4th DTaP vaccine between 12 and 18 months of age.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			68.5	69	69.5
Annual Indicator	66.4	65.1	65.7	66.2	66.2
Numerator					
Denominator					
Data Source					National Immunization Survey, 2007
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	70	70.5	70.5	71	71
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2008**Field Note:**

No significant change has occurred in the 4th DTaP completion rate of among Oregon 12 to 18 month old children. 2008 data is not available.

**2. Section Number:** Form11\_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2007**Field Note:**

National Immunization Survey, 2007 data; survey does not report numerators and denominators.

**3. Section Number:** Form11\_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source: 2006 National Immunization Survey

**STATE PERFORMANCE MEASURE # 5**

Percent of 8th graders who report being physically active for a total of at least 60 minutes a day for 5 or more days in the last 7 days.

<b>Annual Objective and Performance Data</b>					
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Performance Objective</b>			75	75	70
<b>Annual Indicator</b>		59.0	59.0	56.2	58.3
<b>Numerator</b>		9,063	2,094	5,016	6,091
<b>Denominator</b>		15,363	3,550	8,928	10,441
<b>Data Source</b>					Oregon Healthy Teens Survey (YRBS) 2008
<b>Is the Data Provisional or Final?</b>				Final	Final

  

<b>Annual Objective and Performance Data</b>					
	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Annual Performance Objective</b>	73	75	75	75	75
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2008**Field Note:**

The numerator and denominator are not weighted in this table and represent the number of respondents, not the total population. Oregon Healthy Teens Survey (Oregon's Youth Risk Behavior Survey) is based on weighted percentages.

- For 2005, the correct numerator and denominator are 4,904 and 8,433 respectively. The weighted percentage is 57.9%.

- For 2006, the weighted percentage is 59.5%.

- For 2007, the weighted percentage is 55.7%.

- For 2008, the weighted percentage is 58.0%.

**2. Section Number:** Form11\_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: Healthy Teens Survey, 2007.

**3. Section Number:** Form11\_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source: Healthy Teens Survey (YRBS), 2005

**STATE PERFORMANCE MEASURE # 6**

Percent of 11th graders who report having unmet health care needs.

	Annual Objective and Performance Data				
	2004	2005	2006	2007	2008
Annual Performance Objective			30	29	29
Annual Indicator		33.5	28.1	28.6	27.7
Numerator		3,527	724	1,654	1,942
Denominator		10,529	2,576	5,783	7,001
Data Source					Oregon Healthy Teens Survey (YRBS) 2008
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2009	2010	2011	2012	2013
Annual Performance Objective	28	28	27	26	26
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2008**Field Note:**

Oregon Healthy Teens Survey (Oregon's Youth Risk Behavior Survey) is based on weighted percentages; numerator and denominator are not weighted and represent the number of respondents, not the total population. Because of the change in survey question text between 2005 and 2006, there is a break in interpretable trend data. Between 2006 and 2008, the rate has been essentially unchanged, hovering around 28%.

- For 2005, the correct numerator and denominator are 2201 and 6676 respectively. The weighted percentage is 33.5%.
- For 2006, the weighted percentage is 28.1%.
- For 2007, the weighted percentage is 28.9%.
- For 2008, the weighted percentage is 27.8%.

**2. Section Number:** Form11\_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: Healthy Teens Survey, 2007.

**3. Section Number:** Form11\_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source: Healthy Teens Survey (YRBS), 2005.

**STATE PERFORMANCE MEASURE # 7**

Percent of Oregonians living in a community where the water system is optimally fluoridated.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	27	27	28	21	21
Annual Indicator	20.3	20.3	27.4	27.4	27.4
Numerator	728,469	737,549	839,727	839,727	839,727
Denominator	3,582,600	3,631,440	3,069,204	3,069,204	3,069,204
Data Source					Oregon Drinking Water Program
Is the Data Provisional or Final?				Provisional	Provisional

  

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	21	21	21	21	21
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2008**Field Note:**

Oregon Drinking Water Program supplied by the Oral Health Program to CDC's/ASTDD's Water Fluoridation System.

Numerator: Population receiving optimally fluoridated water, including naturally fluoridated water

Denominator: Population served by public water systems

Data is not available for 2008 so continue to use 2006 data. Availability depends on how often the Drinking Water Program gets data from public water systems.

Previously reported data for 2004, 2005, and 2006 were incorrect. The correct percentages are 18.8% for 2004 and 2005 and 27.4% for 2006.

**2. Section Number:** Form11\_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2006**Field Note:**

The projection is based on an increase in population, not a decrease in the number of communities with fluoridated water.

The objective target is adjusted to 21% for 2006.



**STATE PERFORMANCE MEASURE # 8**

Percent of health care providers who report confidence in caring for CYSHN and their families

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	94	95	95	95	96
Annual Indicator	97.7	91.7	95.1	95.1	90.6
Numerator	130	166	137	137	164
Denominator	133	181	144	144	181
Data Source					OCCYSHN-administered training satisfaction surveys
Is the Data Provisional or Final?				Provisional	Final

  

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	96	98	98	98	98
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2008**Field Note:**

As described in the 2007 Notes, in 2008 we implemented a new method for measuring provider confidence in caring for CYSHN. As a component of our post-training evaluation activities, we are asking providers who attend OCCYSHN-offered trainings to respond to a single survey item that asks they indicate the extent to which the training they attended improved their confidence in caring for CYSHN. The following response options are provided for this question: Strongly Agree, Agree, Disagree, Strongly Disagree. The denominator for this indicator (n = 181) represents the number of individuals who attended the 14 trainings offered by OCCYSHN during FY 2008. The numerator for this indicator represents the number of individuals who indicated that they Strongly Agree (n = 46) or Agree (n = 107) that the training activity improved their confidence in caring for CYSHN (n = 164).

While we feel that the method we implemented for 2008 provides us with a better approximation of the degree to which OCCYSHN training activities are contributing to progress toward this indicator, we are currently investigating other methods that will allow us to more globally assess the degree to which the broader health care provider community is confident in caring for CYSHN. We are currently reviewing options for using existing measures and the potential for creating a new measure to capture the concepts underlying the latent construct of confidence.

Note on data: An overwhelming majority of providers who participated in OCCYSHN-sponsored trainings during the prior fiscal year (84.5 percent) indicated that the training (s) in which they participated improved their confidence in caring for CSHCN.

Data Source: Data used to compute this indicator are from OCCYSHN-administered training satisfaction surveys. Surveys are administered following each training provided by OCCYSHN.

**2. Section Number:** Form11\_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2007**Field Note:**

This represents a proxy measure of confidence. This is the number of providers trained of those "available" in the program year to train, including CaCoon Coordinators (45), Promotoras (4), community members of the Community Connections Network (42), CDRC clinicians (35), LEND Trainees (12) and our Family Liaison (6). Of the 144 providers who were available to receive training by OCCYSHN, 135 participated in training activities.

OCCYSHN is working to develop a measure of confidence of providing care to CYSHN.

The numbers reported for 2006 and 2007 are identical due to the fact that we inadvertently reported 2007 data in 2006. In 2008 we have begun to implement a survey item asking trained providers to indicate the extent to which they are confident in the care of CYSHN and their families.

**3. Section Number:** Form11\_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2006**Field Note:**

This represents a proxy measure of confidence. This is the number of providers trained of those "available" in the program year to train, including CaCoon Coordinators (45), Promotoras (4), community members of the Community Connections Network (42), CDRC clinicians (35), LEND Trainees (12) and our Family Liaison (6). Of the 144 providers who were available to receive training by OCCYSHN, 135 participated in training activities.

OCCYSHN is working to develop a measure of confidence of providing care to CYSHN.

**STATE PERFORMANCE MEASURE # 9**

Percent of families of CYSHN who report costs not covered by insurance were usually or always reasonable.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			65	65	86
Annual Indicator		62.3	62.3	85.5	85.5
Numerator		70,694	70,694	99,990	99,990
Denominator		113,418	113,418	116,988	116,988
Data Source					2005/06 NS- CSHCN
Is the Data Provisional or Final?				Provisional	Final
<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	86	90	90	90	90
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2008**Field Note:**

As in 2007, data reported for this State Performance Measure are from the 2005/2006 NS-CSHCN. These are the most current data available for measurement of progress toward this indicator.

Note on data: Of the 85.5 percent of Oregon families who indicated costs not covered by insurance were either usually or always reasonable, nearly half (48.4 percent) indicated that these costs were usually reasonable and slightly more than half (51.6 percent) indicated these costs were always reasonable.

Data Source: Data used to compute this indicator are from the 2005/06 NS-CSHCN. The specific item used to compute this information is C8Q01\_B, as follows: "Are the costs not covered by (child's name) health insurance reasonable? Response options for this item are Always, Usually, Sometimes, and Never.

**2. Section Number:** Form11\_State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2007**Field Note:**

This year's report of State Performance #9 is derived from item C8Q01\_B of the NS-CSHCN for 2005/2006. There is a slight variation in the item from the 2001 survey in that the response option "No out of pocket costs" was added which 7.9% of Oregon respondents selected.

**3. Section Number:** Form11\_State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2006**Field Note:**

2006 data not available; data from 2005 is carried forward.

**STATE PERFORMANCE MEASURE # 10**

Percent of families of CYSHN who reside in rural areas report that needs are usually or always met.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			80	80	82
Annual Indicator		80.3	80.3	72.4	80.3
Numerator		6,988	6,988	7,200	6,988
Denominator		8,706	8,706	9,945	8,706
Data Source					2005/06 NS- CSHCN
Is the Data Provisional or Final?				Provisional	Final

  

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	82	85	85	85	85
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #10**Field Name:** SM10**Row Name:****Column Name:****Year:** 2008**Field Note:**

As in 2007, data reported for this State Performance Measure are from the 2005/2006 NS-CSHCN. These are the most current data available for measurement of progress toward this indicator. Please refer to "Notes - 2005" regarding the calculation of the numerator and denominator for this indicator.

Note on data: Of the estimated 8,706 families of CSHCN in Oregon living in rural areas, approximately 80 percent (6,988) indicated that their child had no unmet needs for services.

Data Source: Data used to compute this indicator from the 2005/06 NS-CSHCN. Of the estimated 8,706 respondents living in zip codes identified as non-Metropolitan Statistical Areas (MSAs), 80.3 percent indicated no unmet needs across a range of 15 different health, social and other services.

**2. Section Number:** Form11\_State Performance Measure #10**Field Name:** SM10**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: National Survey of Children with Special Health Needs, 2005-06.

There are an estimated 116,988 CSHCN in Oregon. 8.5% of CSHCN population in Oregon live in small town/rural areas.  $116,988 \times .085 = 9945$  CSHCN living in small town/rural areas of OR. 27.6% of CSHCN in OR had 1 or more unmet needs for health care services.  $(9945 \times .276 = \text{about } 2745 \text{ CSHCN with unmet needs living in small town/rural areas of OR.})$   $9945 - 2745 = 7200$  CSHCN with no unmet needs living in small town/rural areas of OR or 72.4%. This number is very similar to OCCYSHN reported in 2006 BUT it may not represent an improvement since there were more CSHCN living in small town/rural areas of OR (9945 vs. 8706) AND the level of unmet needs increased as well (27.6% vs. 19.7%). These shifts appear to result in a net increase in the number of CSHCN with unmet needs living in small town/rural areas of OR, but this may be in within the range of sampling error, something we will aim to examine this next program year.

**3. Section Number:** Form11\_State Performance Measure #10**Field Name:** SM10**Row Name:****Column Name:****Year:** 2006**Field Note:**

2006 data is not available; 2005 data from the SLAITS NS-CSHN is carried forward.

**FORM 12**  
**TRACKING HEALTH OUTCOME MEASURES**  
[SECS 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)]  
**STATE: OR**

**Form Level Notes for Form 12**

None

**OUTCOME MEASURE # 01**

The infant mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	5.3	5.3	5.3	5.3	5.2
Annual Indicator	5.4	5.8	5.5	5.6	4.9
Numerator	246	268	269	277	237
Denominator	45,660	45,905	48,684	49,223	48,190
Data Source					Oregon Center for Health Statistics 2008

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

Is the Data Provisional or Final?

Provisional

Provisional

	<u>Annual Objective and Performance Data</u>				
	2009	2010	2011	2012	2013
Annual Performance Objective	5.2	5.2	5.2	5.2	5.1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

**1. Section Number:** Form12\_Outcome Measure 1

**Field Name:** OM01

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Death data for 2006-2008 is not final.

From 2004-2007, the infant mortality rate per 1,000 live births has ranged from 5.4 to 5.8. In 2008, the rate decreased to 4.8; however, this is still a preliminary number.

Moreover, this rate still exceeds the Healthy People 2010 goal of 4.5 infant deaths per 1,000 live births.

**2. Section Number:** Form12\_Outcome Measure 1

**Field Name:** OM01

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Source: Oregon Center for Health Statistics. Death data for 2006 and 2007 is not final.

**3. Section Number:** Form12\_Outcome Measure 1

**Field Name:** OM01

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Source: Oregon Center for Health Statistics. Death data for 2006 and 2007 is not final.

**OUTCOME MEASURE # 02**

The ratio of the black infant mortality rate to the white infant mortality rate.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	2.2	2	1.9	1	1
Annual Indicator	2.0	1.5	2.3	2.0	3.6
Numerator	10.5	8.4	11.4	11	16.4
Denominator	5.3	5.6	4.9	5.4	4.5
Data Source					Oregon Center for Health Statistics 2008
Do not report the numerator because there are fewer than 5 events over the last year, and the number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	1	1	1	1	1
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes**

1. **Section Number:** Form12\_Outcome Measure 2

**Field Name:** OM02

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Numerators for 2004-2007 come from the Oregon Vital Stats Annual Report, Volume 1. Denominators for 2004-2005 come from Volume 2 of the Annual Report. For 2006-2007 denominators come from an analysis of vital stats death data. For 2008, the numerator comes from an analysis of birth data and the denominator comes from an analysis of death data. The major change for 2008 is that births and deaths only include individuals of a single race. Birth data for all years is based on the mother's race.

The correct Indicators for 2004 = 2.5 and for 2005 = 1.7

2. **Section Number:** Form12\_Outcome Measure 2

**Field Name:** OM02

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Source: Oregon Center for Health Statistics. Death data for 2006 and 2007 is not final.

3. **Section Number:** Form12\_Outcome Measure 2

**Field Name:** OM02

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Source: Oregon Center for Health Statistics. Death data for 2006 and 2007 is not final.

**OUTCOME MEASURE # 03**

The neonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	3.1	3.1	3.1	3.1	3.1
Annual Indicator	3.8	3.8	3.8	3.9	3.0
Numerator	174	175	183	191	145
Denominator	45,660	45,905	48,684	49,223	48,190
Data Source					Oregon Center for Health Statistics 2008
Do not report the numerator because there are fewer than 5 events over the last year, and the number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>3.1</u>	<u>3.1</u>	<u>3.1</u>	<u>3.1</u>	<u>3</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

- Section Number:** Form12\_Outcome Measure 3  
**Field Name:** OM03  
**Row Name:**  
**Column Name:**  
**Year:** 2008  
**Field Note:**  
 Death data for 2006-2008 is not final.
- Section Number:** Form12\_Outcome Measure 3  
**Field Name:** OM03  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 Source: Oregon Center for Health Statistics. Death data for 2006 and 2007 is not final.
- Section Number:** Form12\_Outcome Measure 3  
**Field Name:** OM03  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 Source: Oregon Center for Health Statistics. Death data for 2006 and 2007 is not final.

**OUTCOME MEASURE # 04**

The postneonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	2.2	2	1.9	1.9	1.9
Annual Indicator	1.6	2.0	1.8	1.7	1.9
Numerator	72	93	86	86	92
Denominator	45,660	45,905	48,684	49,223	48,190
Data Source					Oregon Center for Health Statistics 2008
Do not report the numerator because there are fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>1.8</u>	<u>1.8</u>	<u>1.8</u>	<u>1.8</u>	<u>1.7</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form12\_Outcome Measure 4

**Field Name:** OM04

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

The post-neonatal mortality rate for 2008 was 1.9 per 1,000 live births. This rate was comparable to prior years, which ranged from 1.6-2.0. These rates are all above the Healthy People 2010 goal of 1.5.

2. **Section Number:** Form12\_Outcome Measure 4

**Field Name:** OM04

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Source: Oregon Center for Health Statistics. Death data for 2006 and 2007 is not final.

3. **Section Number:** Form12\_Outcome Measure 4

**Field Name:** OM04

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Source: Oregon Center for Health Statistics. Death data for 2006 and 2007 is not final.

**OUTCOME MEASURE # 05**

The perinatal mortality rate per 1,000 live births plus fetal deaths.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	5	5	5	5	5
Annual Indicator	5.6	4.9	4.9	4.9	4.9
Numerator	257	227	227	227	227
Denominator	45,844	46,075	46,075	46,075	46,075
Data Source					Oregon Center for Health Statistics 2008
Do not report the numerator because there are fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	5	5	5	5	5
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes**

- Section Number:** Form12\_Outcome Measure 5  
**Field Name:** OM05  
**Row Name:**  
**Column Name:**  
**Year:** 2008  
**Field Note:**  
 Death data for 2006-2008 is not final and linked data is not available.  
 Denominator = live births + fetal deaths; fetal deaths extracted from Tables 7-7; Morality Reports Tables 7-13, Oregon Vital Statistics Report.
- Section Number:** Form12\_Outcome Measure 5  
**Field Name:** OM05  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 Source: Oregon Center for Health Statistics. Death data for 2006 and 2007 is not final, and linked data is not available.
- Section Number:** Form12\_Outcome Measure 5  
**Field Name:** OM05  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 Source: Oregon Center for Health Statistics. Death data for 2006 and 2007 is not final and linked data is not available.



**OUTCOME MEASURE # 06**

The child death rate per 100,000 children aged 1 through 14.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	21	20	20	15	15
Annual Indicator	18.6	15.8	19.5	15.2	15.4
Numerator	127	106	131	103	105
Denominator	683,450	669,437	671,946	675,458	680,873
Data Source					Oregon Center for Health Statistics 2008
Do not report the numerator because there are fewer than 5 events over the last year, and the number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?	Provisional				Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>14.5</u>	<u>14.5</u>	<u>14.5</u>	<u>14.5</u>	<u>14.5</u>
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes**

- Section Number:** Form12\_Outcome Measure 6  
**Field Name:** OM06  
**Row Name:**  
**Column Name:**  
**Year:** 2008  
**Field Note:**  
 Oregon Center for Health Statistics. Death data for 2006-2008 is not final.
- Section Number:** Form12\_Outcome Measure 6  
**Field Name:** OM06  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 Source: Oregon Center for Health Statistics. Death data for 2006 and 2007 is not final.
- Section Number:** Form12\_Outcome Measure 6  
**Field Name:** OM06  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 Source: Oregon Center for Health Statistics. Death data for 2006 and 2007 is not final.

**FORM 13**  
**CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS**  
**STATE: OR**

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

3

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

3

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

3

4. Family members are involved in service training of CSHCN staff and providers.

3

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

3

6. Family members of diverse cultures are involved in all of the above activities.

2

**Total Score:** 17

**Rating Key**

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

**FORM NOTES FOR FORM 13**

None

**FIELD LEVEL NOTES**

None

**FORM 14**  
**LIST OF MCH PRIORITY NEEDS**

[Sec. 505(a)(5)]

**STATE: OR    FY: 2010**

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Improve access to comprehensive and coordinated health care; facilitate screening, assessment and intervention services, including early hearing detection; increasing completion of DTAP vaccines among 2 year olds; and assuring adolescents health care needs are met.
2. Support behaviors and environments that encourage wellness and reduce chronic disease by increasing continued smoking cessation among women during and after pregnancy; increasing births that are intended; and increasing optimally fluoridated water systems.
3. Promote optimal mental health and social emotional development. Oregon Title V will develop infrastructure, measures, and activities, integrated and linked with services, in areas such as maternal depression and social/emotional health of children and adolescents.
4. Increase the number of parents who are confident in caring for their children, and health providers show confidence in caring for children with special health needs.
5. Increase the number of families of children and youth with special health needs report costs were usually or always reasonable, when not covered by insurance.
6. Increase the number of families of children and youth with special health needs who reside in rural areas report that needs are usually or always met.
7. Cross-Cutting Priority: Promote equity in health by reducing disparities; promote equity means to create policies, systems and resources.
8. Cross-Cutting Priority: Advocate public health within existing systems; promote the role of public health and Office of Family Health as a partner in early childhood services and systems.
- 9.
- 10.

**FORM NOTES FOR FORM 14**

None

**FIELD LEVEL NOTES**

None

**FORM 15**  
**TECHNICAL ASSISTANCE(TA) REQUEST**

STATE: OR

APPLICATION YEAR: 2010

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	<b>General Systems Capacity Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>    N/A    </u>	Facilitate priority setting and planning for child health priorities	Conduct a retreat of state-local public health leaders to determine priorities for children's health for ages 3 to 10 years and develop shared action plans.	Facilitator with expertise in MCH Public Health and Public Health Nursing for a two-day retreat
2.	<b>General Systems Capacity Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>    N/A    </u>	Assistance in developing an agenda and strategies for funding and bringing together individuals and groups with widely varying agendas to commit to an action plan to be facilitated through OCCYSHN	Hold a statewide summit with broad-participation to conduct a needs assessment, identify priorities and plan activities as part of its needs assessment; expected outcomes include establishing family and professional partners committed to planning and working on priorities, action plans, and training.	Group Facilitator with experience in special health needs issues and leading diverse group processes, goal setting and planning
3.	<b>General Systems Capacity Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>    N/A    </u>	To learn about policy and legislative strategies to increase insurance rates among the uninsured 19-24 young adult population.	To understand the scope of the issue of the gap of young adults, ages 19-24, who are uninsured.	National or local consultant familiar with strategies implemented in other states around young adult health insurance
4.	<b>General Systems Capacity Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>    N/A    </u>	Assistance in creating an organizational action plan to build assessment competencies	Develop capacity to create an organization development plan and workforce with appropriate competencies for ongoing assessment and evaluation that supports Title V priorities.	Organizational development facilitator
5.	<b>General Systems Capacity Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>    N/A    </u>	Training and strategies for county PHNs to help them deal with IPV, CA and linking clients to the services they need, especially small and rural communities	Public Health Nurses (PHN) who conduct home visiting with at-risk families often encounter a variety of home life situations that can have an emotional impact on the Nurse; improve knowledge and skills of the home visiting nurse to deal with difficult situations	Expert in risk communication for health professionals or related field
6.	<b>National Performance Measure Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>    4    </u>	Create a strategic plan for reducing impact of family financial hardships	Community asset mapping is a strategy to identify needs and resources for families of children with special needs	Catalyst Center
7.	<b>National Performance Measure Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>    3    </u>	Training for primary care providers that includes principles and strategies for improving the practice of Medical Home	Provide consultation and training around Medical Home for physicians and other community providers who provide primary care to CYSHN, including personalized training that will result in broader implementation of the national model for CYSHN.	Dr. Fan Tait, Associate Executive Director of the American Academy of Pediatrics (AAP) and Director of the Department of Community and Specialty Pediatrics at the AAP
8.	<b>Data-related Issues - Data Systems Development</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>    N/A    </u>	Assistance in creating an on-line survey appropriate for 4-6 grade youth	To develop the Elementary Self-Report survey (grades 4-6) for on-line completion and need outside expertise to review the survey and develop recommendations for the survey content and analysis.	Consultant with expertise in developing survey questions and content appropriate for children
9.	<b>Data-related Issues - Needs Assessment</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>    N/A    </u>	Facilitate statewide advisory group meetings, leading to priority setting for Title V Block Grant performance measures and activities	Establish Title V priorities by eliciting the opinions, ideas and experiences from stakeholders and diverse community representatives.	Group Facilitator with experience in leading diverse group processes, goal setting and planning
10.	<b>Data-related Issues - Needs Assessment</b>	Assist OCCYSHN in planning an	Data about status and services for	

	<p>If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>    N/A    </u></p>	<p>organizational strategy that will improve capacity for evaluating outcomes of our systems of care efforts at the community-based level, and strategies</p>	<p>children with special health needs is needed to adequately and expertly inform public and organizational development of policies, programs and decisions.</p>	<p>Champions Technical Assistance Center and Holly Grayson of University of Washington</p>
11.	<p>If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>          </u></p>			
12.	<p>If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>          </u></p>			

**FORM NOTES FOR FORM 15**

None

**FIELD LEVEL NOTES**

None



**FORM 16**  
**STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET**  
**STATE: OR**

SP # 1

**PERFORMANCE MEASURE:**

Percent of births where mothers report that the pregnancy was intended

**STATUS:**

Active

**GOAL**

Increase the number of births that are intended.

**DEFINITION**

need a definition

**Numerator:**

Number of women reporting to PRAMS that they wanted to be pregnant later or not at any time in the future, weighted to reflect a percent of the Oregon population of resident women delivering live infants in Oregon.

**Denominator:**

Number of Oregon resident women delivering live infants in Oregon during the calendar year.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

16-6 Increase the proportion of pregnant women who receive early and adequate prenatal care.

**DATA SOURCES AND DATA ISSUES**

This measure was changed from intended "pregnancies" to intended "births for clarity. Intendedness is derived from self reports on the PRAMS survey (about 4 months post partum). PRAMS only includes women that had a live birth.

**SIGNIFICANCE**

The Institutes of Medicine report, "Best Intentions," published in 1995, indicates that unintended pregnancies are an important indicator for the MCH status. The report states: "A woman with an unintended pregnancy is less likely to seek early prenatal care and more likely to expose the fetus to ... tobacco or alcohol. The child of an unwanted conception especially (as distinct from a mistimed one) is at greater risk of being born at low birthweight, of dying in its first year of life, of being abused, and of not receiving sufficient resources for healthy development. The mother may be at greater risk of depression and of physical abuse herself, and her relationship with her partner is at greater risk of dissolution. Both mother and father may suffer economic hardship and may fail to achieve their educational and career goals."

SP # 2

**PERFORMANCE MEASURE:**

Percent of smoking women who quit smoking during their pregnancy and did not begin smoking postpartum.

**STATUS:**

Active

**GOAL**

Increase the percent of women who quit smoking during their pregnancy and not begin smoking postpartum.

**DEFINITION**

**Numerator:**

Among women that smoked during the three months prior to pregnancy, the number of women who responded to PRAMS that they did not smoke during the last 3 months of pregnancy and are not currently smoking.

**Denominator:**

Number of women who responded to PRAMS that they smoked during the 3 months before pregnancy.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

16-17 Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women. Goal 27: Reduce illness, disability, and death related to tobacco use and exposure to secondhand smoke.

**DATA SOURCES AND DATA ISSUES**

PRAMS is the only source currently available to measure the prevalence of whether or not women are quitting smoking during their pregnancy. PRAMS only includes women who have a live birth, therefore, excluding the population of pregnancies that end prior to birth and may be affected by tobacco use.

**SIGNIFICANCE**

Smoking during pregnancy is associated with fetal death, low birthweight, SIDS rate increase, and respiratory difficulties for newborns. Smoking among pregnant women is associated with alcohol and other drug use, both of which are harmful to the fetus. Quitting smoking during pregnancy has been shown to improve overall birth outcomes. Oregon programs have recently begun using the ACOG recommended Five A's smoking cessation protocol for pregnant women. It has shown effectiveness in intervention and increasing the confidence of the nurses administering it. As a result this model has been incorporated throughout additional statewide programs.

SP #        3

**PERFORMANCE MEASURE:**

Percent of infants diagnosed with hearing loss that are enrolled or in Early Intervention before 6 months of age.

**STATUS:**

Active

**GOAL**

Increase the percentage of infants diagnosed with hearing loss that are enrolled in Early Intervention before 6 months of age.

**DEFINITION**

**Numerator:**

Number of infants that were diagnosed by an audiologist with a hearing loss (any type, any degree) by three months of age that were enrolled in Early Intervention before 6 months of age.

**Denominator:**

Number of infants that are diagnosed by an audiologist with a hearing loss (any type, any degree) by three months of age.

**Units:** 100   **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

28-11 (Developmental) Increase the proportion of newborns who are screened for hearing loss by age 1 month, have audiologic evaluation by age 3 months, and are enrolled in appropriate intervention services by age 6 months.

**DATA SOURCES AND DATA ISSUES**

The data will be measured using the Oregon EHDI database system, which includes 93% of all occurrence births. Source does not currently incorporate all screenings from non-hospital based facilities and home births.

**SIGNIFICANCE**

"The first six months of life are a critical time to develop communication skills. Studies have shown that babies with hearing loss, who receive early intervention services before six months of age, have significantly improved outcomes in communications skills."

SP # 4

**PERFORMANCE MEASURE:**

Percent of children that complete the 4th DTaP vaccine between 12 and 18 months of age.

**STATUS:**

Active

**GOAL**

Increase the percent of children that complete the 4th DTaP vaccine between 12 and 18 months of age.

**DEFINITION**

Children who complete four doses diphtheria-tetanus-acellular pertussis (DTaP)vaccine by 18 months of age.

**Numerator:**

The number of children age 19-35 months that have received a 4th DTaP vaccine for a given calendar year, weighted to reflect a percent of the Oregon population of children age 19-35 months.

**Denominator:**

The number of children age 19-35 months that responded to the NIS survey from the state of Oregon for a given calendar year, weighted to reflect the Oregon population of children age 19-35 months.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

90% of children with 4 doses of DTaP

14-22 Achieve and maintain effective vaccination coverage levels for universally recommended vaccines among young children. Specifically, 14-22a focused on 4 doses diphtheria-tetanus-acellular pertussis (DTaP) vaccine with a 2010 target of 90% coverage.

14-24 Increase the proportion of young children and adolescents who receive all vaccines that have been recommended for universal administration for at least 5 years. HP 2010 objective 14-24a focuses on children age 19-35 months who receive the recommended vaccines (4DTaP, 3 polio, 1MMR, 3 Hib, 3 hep B) and has a target of 80% coverage by 2010.

**DATA SOURCES AND DATA ISSUES**

The National Immunization Survey determines an estimate of the number of children age 19-35 months in Oregon that have completed their 4th DTaP vaccine. This data source offers a continual measure, however, its sample of Oregon children is limited (500+/-). The Oregon ALERT registry also tracks vaccine coverage for Oregon residents and may become the source of this data in the future.

**SIGNIFICANCE**

Maintenance of high vaccination coverage levels in early childhood is the best way to prevent the spread of VPDs in childhood and to provide the foundation for controlling VPDs among adults. Completion of the 4th DTaP by age 2 is also a good indication of children receiving all the necessary childhood immunizations and well-child visits.

SP # 5

**PERFORMANCE MEASURE:**

Percent of 8th graders who report being physically active for a total of at least 60 minutes a day for 5 or more days in the last 7 days.

**STATUS:**

Active

**GOAL**

To increase the percentage of 8th graders who are physically active at least 60 minutes per day for at least 5 days per week

**DEFINITION**

The numerator and denominator are derived from the number of 8th graders who responded to the Oregon Healthy Teens Survey, Oregon's YRBS survey.

**Numerator:**

The number of 8th graders who report being physically active for a total of at least 60 minutes a day for 5 or more days in the last 7 days.

**Denominator:**

The number of 8th graders that responded to the question regarding how many days they were physically active for at least 60 minutes per day in the last 7 days.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

19-3 Reduce the proportion of children and adolescents who are overweight or obese.

**DATA SOURCES AND DATA ISSUES**

The Oregon Healthy Teens survey will be used as the source of this performance measure. The survey includes a question regarding the number of days that each student has been physically active for a total of 60 minutes per day that "made them sweat or breathe hard" in the past 7 days. Unfortunately this doesn't specifically measure whether or not the person met the daily recommendations for physical activity nor is it specific about the level of physical activity. However, the correlation between this question and the OHT question regarding how many days in the last 7 days the respondent participated in physical activity for at least 20 minutes that made the respondent sweat or breathe hard was 0.6%.

**SIGNIFICANCE**

The prevalence of health risks, including reduction in quality of life and life expectancy, increase with weight. There is much concern about the increasing prevalence of obesity in children and adolescents. Developing patterns of healthy behavior and maintaining those patterns through adulthood can help to reduce weight and, in turn, health risks. Healthy People 2010 reports that "The reduction of the BMI in children and adolescents should be achieved by emphasizing physical activity and a properly balanced diet so that healthy growth is maintained."

SP # 6

**PERFORMANCE MEASURE:**

Percent of 11th graders who report having unmet health care needs.

**STATUS:**

Active

**GOAL**

Decrease the percentage of 11th graders that report having unmet health care needs.

**DEFINITION**

**Numerator:**

Number of 11th graders that responded to the OHT survey they did not have any unmet health care needs in the past 12 months.

**Denominator:**

Number of 11th graders that responded to the question regarding unmet health care needs in the OHT survey.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

Goal 1: Improve access to comprehensive, high-quality health care services.

**DATA SOURCES AND DATA ISSUES**

The Oregon Healthy Teens survey will be used as the source of this performance measure. The survey includes a question regarding the type of health care need for which respondent's needs were unmet or that the respondent did not have any unmet health care needs over the past 12 months. Access to some health care options, including Medicaid and school based health centers, are affected by the legislative budget, which cannot be accounted for by the data source.

**SIGNIFICANCE**

Improving access to quality care must be improved to realize the full potential of prevention. Due to budget constraints many of the healthcare options available to adolescents in the past are no longer available and there has been an increase in the proportion of 11th graders with unmet health care needs. Oregon OFH Adolescent Health Program provides services to Oregon students through their school-based health centers and facilitates a coordinated school health coalition to support increased health care services to adolescents and youth. This measure is a proxy to evaluate the access to health care services for the adolescent population.

SP # 7

**PERFORMANCE MEASURE:**

Percent of Oregonians living in a community where the water system is optimally fluoridated.

**STATUS:**

Active

**GOAL**

Increase the number of Oregonians who live in a community with fluoridated water systems.

**DEFINITION**

**Numerator:**

Population of communities with natural or adjusted fluoride levels at 0.7 ppm or greater

**Denominator:**

Population with access to community water systems

**Units:** 100 **Text:** 1

**HEALTHY PEOPLE 2010 OBJECTIVE**

21-9 Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water. The national target by 2010 is 75%.

**DATA SOURCES AND DATA ISSUES**

The Oregon Health Division, Drinking Water Section, provides yearly water fluoridation statistics for community systems with natural or adjusted fluoride.

**SIGNIFICANCE**

Community water fluoridation is a proven safe, effective and inexpensive way to prevent tooth decay ("caries"). Fluoride works by stopping or even reversing the caries process, thus keeping the enamel strong and intact. By reducing or eliminating caries in infants and children, needless pain and infection is reduced, developmental growth is not impeded, social skills and esteem is enhanced, and the public burden in dental care financing is significantly decreased. Fluoride delivery through community water systems benefits all infants and children, regardless of socioeconomic status. Since 1990, less than one quarter of Oregon's population has had access to fluoridated water at the level of 0.7 parts per million or more through community water systems. This has become an area of focus for the Oregon legislature recently and we hope to see change soon.

SP # 8

**PERFORMANCE MEASURE:**

Percent of health care providers who report confidence in caring for CYSHN and their families

**STATUS:**

Active

**GOAL**

Increase the number of CYSHN and their families who receive comprehensive services through an integrated system of care in their local community

**DEFINITION**

This performance measure is defined as the extent to which providers receiving training and/or consultation by OCCYSHN are able to report a high level of confidence in providing care to CYSHN and their families.

**Numerator:**

The number of providers, including CaCoon PHN, CCN Providers, CaCoon Promotoras, CDRC Clinicians, LEND Trainees and ORPRN Providers who report confidence in their care of children and youth with special needs following completion of OCCYSHN training and consultation.

**Denominator:**

The total number of Oregon Providers with whom OCCYSHN is in partnership and/or contract to provide services to children with special needs.

**Units:** 100    **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

None

**DATA SOURCES AND DATA ISSUES**

Number of health care providers who participate in Title V sponsored training activities. Other Data Sources to be Monitored: Survey of Parents and Youth Visiting Primary Care Offices, Survey of Oregon Primary Care Physicians, Survey of Community Providers

**SIGNIFICANCE**

The decentralization of services for CYSHN places children with providers who are not necessarily trained or familiar with their special needs. The expansion of Medicaid and commercial managed care is placing more CYSHN in a medical home in their community. The experience and training of these primary and ancillary care providers does not typically include services to this population. Confidence reflects applying appropriate skills and knowledge and also establishing community partnerships in caring for CYSHN and their families. The necessary skills and knowledge include diagnosis, treatment and prevention, timely referral to specialists, adoption of family-centered care and building appropriate community partnerships. A number of adult health care providers, and health care and other providers in rural communities lack the necessary training and supports to provide comprehensive care in the local community.



SP # 9

**PERFORMANCE MEASURE:**

Percent of families of CYSHN who report costs not covered by insurance were usually or always reasonable.

**STATUS:**

Active

**GOAL**

Increase the percent of families of CYSHN whose out of pocket costs are not unreasonable in order to receive the care they need for their CYSHN

**DEFINITION**

Costs reported as reasonable by families responding to the NS-CSHCN Survey will be accepted as the definition for this performance measure.

**Numerator:**

The numerator equals the weighted estimate of Oregon respondents to the NS-CSHCN who answer item C8q01\_b that the costs not covered by insurance were usually or always reasonable.

**Denominator:**

The denominator is the weighted estimate for Oregon of the total number of families surveyed by the NS-CSHCN.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

None

**DATA SOURCES AND DATA ISSUES**

National Survey of Children with Special Health Care Needs (SLAITS) Other Data Sources To be Monitored: Survey of parents and youth attending primary care offices, Survey of Primary Care Physicians, Survey of Community Providers, Comparison of the Reports of Rural vs. Urban Families and Providers

**SIGNIFICANCE**

Families of CYSHN depend on a variety of services that are not reimbursed or poorly reimbursed by public and private insurance. For example, these services include care coordination, child care and respite, parent-to-parent support and transportation.

SP # 10

**PERFORMANCE MEASURE:**

Percent of families of CYSHN who reside in rural areas report that needs are usually or always met.

**STATUS:**

Active

**GOAL**

Increase the number of CYSHN and their families who receive comprehensive care in rural communities

**DEFINITION**

"Rural areas" are defined as Small Town and Isolated Rural Areas with zip code areas containing no towns of 10,000 or over and not connected to larger urban areas through primary or secondary commuting flows of 5% or more of the working population.

**Numerator:**

Number of families reporting to the NS-CSHCN that their needs are usually or always met weighted to reflect a percent of the Oregon population of families with CSHCN

**Denominator:**

Number of families with CSHCN surveyed by the NS-CSHCN weighted to reflect the Oregon population of families with CSHCN

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

None

**DATA SOURCES AND DATA ISSUES**

National Survey of Children with Special Health Needs (SLAITS) Other Data Sources to be Monitored: Survey of parents and youth attending primary care offices, Survey of Primary Care Physicians, Survey

**SIGNIFICANCE**

Families of CYSHN who reside in rural Oregon report more difficulty accessing information about services and limited access to certain health care services, particularly dental and mental health services. In addition, they often travel a great distance to obtain care and experience higher out-of-pocket costs for care.

**FORM NOTES FOR FORM 16**

None

**FIELD LEVEL NOTES**

None

**FORM 17**  
**HEALTH SYSTEMS CAPACITY INDICATORS**  
**FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA**  
**STATE: OR**

**Form Level Notes for Form 17**

None

**HEALTH SYSTEMS CAPACITY MEASURE # 01**

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	<u>Annual Indicator Data</u>				
	2004	2005	2006	2007	2008
Annual Indicator	18.1	15.1	14.8	14.1	14.1
Numerator	414	346	342	328	328
Denominator	228,294	229,032	230,908	232,408	232,408

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

- Section Number:** Form17\_Health Systems Capacity Indicator #01  
**Field Name:** HSC01  
**Row Name:**  
**Column Name:**  
**Year:** 2008  
**Field Note:**  
 Source:  
 Numerator: Hospital Discharge Data, 2007.  
 Denominator: Portland State Population Research Center, 2007 data.
- Section Number:** Form17\_Health Systems Capacity Indicator #01  
**Field Name:** HSC01  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 Source:  
 Numerator: Hospital Discharge Data, 2007.  
 Denominator: Portland State Population Research Center, 2007 data.
- Section Number:** Form17\_Health Systems Capacity Indicator #01  
**Field Name:** HSC01  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 Source: Hospital Discharge Data

**HEALTH SYSTEMS CAPACITY MEASURE # 02**

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>82.4</u>	<u>92.4</u>	<u>92.7</u>	<u>90.8</u>	<u>93.2</u>
<b>Numerator</b>	<u>18,390</u>	<u>28,594</u>	<u>30,132</u>	<u>26,723</u>	<u>32,346</u>
<b>Denominator</b>	<u>22,307</u>	<u>30,945</u>	<u>32,491</u>	<u>29,434</u>	<u>34,714</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Division of Medical Assistance Programs, State Fiscal Year (July 1 2007 - June 30 2008). Oregon's SCHIP program is integrated into the Oregon Health Plan (Medicaid waiver). Data is not available separately.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Source: Division of Medical Assistance Programs. Most recent data from CMS is 2006 . Oregon's SCHIP program is integrated into the Oregon Health Plan (Medicaid waiver). Data is not available separately.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Source: Division of Medical Assistance Programs, 2005.

Oregon's SCHIP program is integrated into the Oregon Health Plan (Medicaid waiver). Data is not available separately.

**HEALTH SYSTEMS CAPACITY MEASURE # 03**

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>0.0</u>	<u>92.4</u>	<u>92.7</u>	<u>90.8</u>	<u>93.2</u>
<b>Numerator</b>	<u>0</u>	<u>28,594</u>	<u>30,132</u>	<u>26,723</u>	<u>32,346</u>
<b>Denominator</b>	<u>1</u>	<u>30,945</u>	<u>32,491</u>	<u>29,434</u>	<u>34,714</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

- Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Division of Medical Assistance Programs, State Fiscal Year (July 1 2007 - June 30 2008). Oregon's SCHIP program is integrated into the Oregon Health Plan (Medicaid waiver). Data is not available separately.

- Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Source: Division of Medical Assistance Programs.

- Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Source: Division of Medical Assistance Programs

**HEALTH SYSTEMS CAPACITY MEASURE # 04**

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>70.0</u>	<u>68.1</u>	<u>68.3</u>	<u>67.5</u>	<u>67.5</u>
<b>Numerator</b>	<u>31,828</u>	<u>31,270</u>	<u>33,157</u>	<u>33,122</u>	<u>33,122</u>
<b>Denominator</b>	<u>45,501</u>	<u>45,904</u>	<u>48,513</u>	<u>49,058</u>	<u>49,058</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Oregon Center for Health Statistics. Oregon implemented the use of the 2003 US Standard Birth Certificate of Live Birth in 2008. Several variables will be used to determine whether a pregnant woman had first trimester care or not. The Oregon Center for Health Statistics has not finalized this computation. Therefore, 2008 data is not yet available.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Source: Oregon Center for Health Statistics

3. **Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Source: Oregon Center for Health Statistics

**HEALTH SYSTEMS CAPACITY MEASURE # 07A**

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>77.8</u>	<u>80.8</u>	<u>80.8</u>	<u>77.5</u>	<u>70.3</u>
<b>Numerator</b>	<u>248,562</u>	<u>242,966</u>	<u>242,966</u>	<u>233,317</u>	<u>267,530</u>
<b>Denominator</b>	<u>319,433</u>	<u>300,870</u>	<u>300,870</u>	<u>300,870</u>	<u>380,778</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #07A

**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2008**Field Note:**

Numerator: Division of Medical Assistance Programs, State Fiscal Year (July 1 2007 - June 30 2008).

Denominator: Data from Population Research Center, adjusted to account for those under 200% of poverty.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #07A

**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2007**Field Note:**

Sources:

Numerator = 2007 Annual EPSDT Participation Report, HCFA-416: "Total Individuals Eligible for EPSDT". Division of Medical Assistance Programs.

Denominator = 2007 Population Projects for ages 0-19. Population Research Center, Portland State University, March 2008.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #07A

**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2006**Field Note:**

Sources:

Numerator = 2007 Annual EPSDT Participation Report, HCFA-416: "Total Individuals Eligible for EPSDT". Division of Medical Assistance Programs.

Denominator = 2007 Population Projects for ages 0-19. Population Research Center, Portland State University, March 2008.



**HEALTH SYSTEMS CAPACITY MEASURE # 07B**

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>40.1</u>	<u>41.7</u>	<u>41.7</u>	<u>45.4</u>	<u>42.2</u>
<b>Numerator</b>	<u>21,010</u>	<u>22,301</u>	<u>22,301</u>	<u>23,307</u>	<u>21,395</u>
<b>Denominator</b>	<u>52,349</u>	<u>53,543</u>	<u>53,543</u>	<u>51,285</u>	<u>50,721</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer

than 5 and therefore a 3-year moving average cannot be

applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Division of Medical Assistance Programs, State Fiscal Year (July 1 2007 - June 30 2008).

From 2004-2007, the percent of EPSDT eligible children aged 6 through 9 years who received dental services during the year increased from 40.1% to 45.4%. In 2008, this percentage decreased to 42.2%.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Sources:

Numerator = 2007 Annual EPSDT Participation Report, HCFA-416: "Total Individuals Eligible for EPSDT". Division of Medical Assistance Programs.

Denominator = 2007 Population Projects for ages 0-19. Population Research Center, Portland State University, March 2008.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Sources:

Numerator = Annual EPSDT Participation Report, HCFA-416: "Total Individuals Eligible for EPSDT". Division of Medical Assistance Programs.

Denominator = Population Projects for ages 0-19. Population Research Center, Portland State University

**HEALTH SYSTEMS CAPACITY MEASURE # 08**

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	1.3	0.0	0.0	0.0	33.8
Numerator	98	0	0	0	2,569
Denominator	7,508	6,832	7,077	7,077	7,593
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

**Field Level Notes****1. Section Number:** Form17\_Health Systems Capacity Indicator #08**Field Name:** HSC08**Row Name:****Column Name:****Year:** 2008**Field Note:**

This marks the first year we are using a proxy measure to assess our progress with respect to this indicator. As described in the prior year's notes, we worked collaboratively with the Oregon Department of Human Services, Disability Determination Services (DDS), to provide a letter to families of children who applied for Supplemental Security Income (SSI) benefits. The content of this letter explains to families the availability of OCCYSHN community-based programs and services. DDS began sending this letter to families beginning FY2008 (July 1, 2007). The numerator for this indicator is equal to the total number of letters sent to families of children who were newly awarded SSI benefits (n = 1,594) and to families of children who were denied SSI benefits (n = 975). The source of the numerator value was provided by DDS. The denominator for this indicator is equal to the total number of children in Oregon under the age of 16 receiving Federally administered SSI payments as of December 2008 (n = 7,593). The source of the denominator value is the Social Security Administration Supplemental Security Record, "Table—Number of children under age 16 receiving federally administered SSI payments, by state or other area, December 2008".

**2. Section Number:** Form17\_Health Systems Capacity Indicator #08**Field Name:** HSC08**Row Name:****Column Name:****Year:** 2007**Field Note:**

OCCYSHN is exploring technical assistance to develop data sources for the numerator and denominator for Oregon. for this measure.

**3. Section Number:** Form17\_Health Systems Capacity Indicator #08**Field Name:** HSC08**Row Name:****Column Name:****Year:** 2006**Field Note:**

A reliable data source is still not available for this measure. As noted in prior year, in the past OCCYSHN has generated a list of children seen at the Child Development and Rehabilitation Center clinic for rehabilitation services and has that list compared to the list of children receiving SSI from the Oregon Department of Human Services. This strategy is no longer viable in light of HIPAA and time-restraints. A proxy measure was explored. OCCYSHN has finalized the letter which DHS-SSI Office has agreed to send out indicating to families their eligibility for OCCYSHN program services as the numerator to the total number of children under the age of 16 residing in Oregon. We anticipate the letter being implemented beginning FY2008 (July 1, 2007).

The source for our denominator is the Social Security Administration Supplemental Security Record, Table: Number of Children under the Age of 16 Receiving Federally Administered SSI Payments, December 06. When/if we the numerator, we will make the report final.

The program's ability to influence HSCI 8 is enhanced by the Oregon Medicaid Rules mandate that children who are SSI-eligible receive OHP Plus (Medicaid) coverage with no co-pay for services and the OCCYSHN Program partnership with the Oregon Children's Intensive In-Home Services (CIIS) and Oregon Seniors and People with Disabilities to inform families of the benefits available to them.

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #05**  
**(MEDICAID AND NON-MEDICAID COMPARISON)**  
**STATE: OR**

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (&lt; 2,500 grams)</i>	2008	Payment source from birth certificate	<u>6.5</u>	<u>5.7</u>	<u>6</u>
b) <i>Infant deaths per 1,000 live births</i>	2005	Payment source from birth certificate	<u>6.7</u>	<u>5.3</u>	<u>5.9</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2007	Payment source from birth certificate	<u>66</u>	<u>86.8</u>	<u>78.4</u>
d) <i>Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2007	Payment source from birth certificate	<u>60.6</u>	<u>72.2</u>	<u>67.5</u>

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)**  
**STATE: OR**

<b>INDICATOR #06</b> <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	<b>YEAR</b>	<b>PERCENT OF POVERTY LEVEL MEDICAID</b> (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2008	<u>100</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>18</u> ) (Age range <u>    </u> to <u>    </u> ) (Age range <u>    </u> to <u>    </u> )	2008	<u>100</u> <u>    </u> <u>    </u>
c) <i>Pregnant Women</i>	2008	<u>100</u>

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)**  
**STATE: OR**

<b>INDICATOR #06</b> <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	<b>YEAR</b>	<b>PERCENT OF POVERTY LEVEL SCHIP</b>
a) <i>Infants (0 to 1)</i>	2008	<u>185</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>18</u> ) (Age range <u>    </u> to <u>    </u> ) (Age range <u>    </u> to <u>    </u> )	2008	<u>185</u> <u>    </u> <u>    </u>
c) <i>Pregnant Women</i>	2008	<u>185</u>

## FORM NOTES FOR FORM 18

None

### FIELD LEVEL NOTES

1. **Section Number:** Form18\_Indicator 05  
**Field Name:** LowBirthWeight  
**Row Name:** Percent of ow birth weight (<2,500 grams)  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Oregon Center for Health Statistics, 2008
2. **Section Number:** Form18\_Indicator 05  
**Field Name:** InfantDeath  
**Row Name:** Infant deaths per 1,000 live births  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Center for Health Statistics. The database for death records will complete updating more recent years for the Medicaid/non-Medicaid births in Fall 2009. The report for 2011 will update this information.
3. **Section Number:** Form18\_Indicator 05  
**Field Name:** CareFirstTrimester  
**Row Name:** Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Oregon Center for Health Statistics. Oregon implemented the use of the 2003 US Standard Birth Certificate of Live Birth in 2008. Several variables will be used to determine whether a pregnant woman had first trimester care or not. The Oregon Center for Health Statistics has not finalized this computation; therefore, 2008 data is not yet available.
4. **Section Number:** Form18\_Indicator 05  
**Field Name:** AdequateCare  
**Row Name:** Percent of pregnant women with adequate prenatal care  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Oregon Center for Health Statistics. Oregon implemented the use of the 2003 US Standard Birth Certificate of Live Birth in 2008. Several variables will be used to determine whether a pregnant woman had first trimester care or not. The Oregon Center for Health Statistics has not finalized this computation; therefore, 2008 data is not yet available.

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: OR**

**HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)**  
*(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)*

<b>DATABASES OR SURVEYS</b>	<b>Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *</b>	<b>Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)</b>
<b>ANNUAL DATA LINKAGES</b>		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	2	Yes
Annual linkage of birth certificates and WIC eligibility files	3	Yes
Annual linkage of birth certificates and newborn screening files	3	Yes
<b>REGISTRIES AND SURVEYS</b>		
Hospital discharge survey for at least 90% of in-State discharges	3	No
Annual birth defects surveillance system	1	No
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

\*Where:  
1 = No, the MCH agency does not have this ability.  
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.  
3 = Yes, the MCH agency always has this ability.

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: OR**

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Other:		

\*Where:  
1 = No  
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.  
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

<b>Notes:</b>
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

**FORM NOTES FOR FORM 19**

None

**FIELD LEVEL NOTES**

None



**FORM 20**  
**HEALTH STATUS INDICATORS #01-#05**  
**MULTI-YEAR DATA**  
**STATE: OR**

**Form Level Notes for Form 11**

None

**HEALTH STATUS INDICATOR MEASURE # 01A**

The percent of live births weighing less than 2,500 grams.

	<u>Annual Indicator Data</u>				
	2004	2005	2006	2007	2008
Annual Indicator	6.1	6.1	6.1	6.1	6.0
Numerator	2,764	2,808	2,971	3,009	2,899
Denominator	45,660	45,905	48,676	49,223	48,190

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

- Section Number:** Form20\_Health Status Indicator #01A  
**Field Name:** HSI01A  
**Row Name:**  
**Column Name:**  
**Year:** 2008  
**Field Note:**  
 Oregon Center for Health Statistics, 2008.
- Section Number:** Form20\_Health Status Indicator #01A  
**Field Name:** HSI01A  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 Source: Oregon Center for Health Statistics
- Section Number:** Form20\_Health Status Indicator #01A  
**Field Name:** HSI01A  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 Source: Oregon Center for Health Statistics

**HEALTH STATUS INDICATOR MEASURE # 01B**

The percent of live singleton births weighing less than 2,500 grams.

		<b>Annual Indicator Data</b>			
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>4.4</u>	<u>4.7</u>	<u>4.7</u>	<u>4.7</u>	<u>4.5</u>
<b>Numerator</b>	<u>2,017</u>	<u>2,085</u>	<u>2,198</u>	<u>2,232</u>	<u>2,115</u>
<b>Denominator</b>	<u>45,660</u>	<u>44,554</u>	<u>47,176</u>	<u>47,692</u>	<u>46,712</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
<b>Is the Data Provisional or Final?</b>				Final	Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2008**Field Note:**

Oregon Center for Health Statistics, 2008; denominator excludes multiple births.

**2. Section Number:** Form20\_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: Oregon Center for Health Statistics

**3. Section Number:** Form20\_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source: Oregon Center for Health Statistics

**HEALTH STATUS INDICATOR MEASURE # 02A**

The percent of live births weighing less than 1,500 grams.

		<b>Annual Indicator Data</b>			
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>1.1</u>	<u>1.0</u>	<u>1.0</u>	<u>1.0</u>	<u>1.0</u>
<b>Numerator</b>	<u>498</u>	<u>477</u>	<u>508</u>	<u>479</u>	<u>487</u>
<b>Denominator</b>	<u>45,660</u>	<u>45,901</u>	<u>48,676</u>	<u>49,210</u>	<u>48,190</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
<b>Is the Data Provisional or Final?</b>				Final	Provisional

**Field Level Notes**

- Section Number:** Form20\_Health Status Indicator #02A  
**Field Name:** HSI02A  
**Row Name:**  
**Column Name:**  
**Year:** 2008  
**Field Note:**  
 Oregon Center for Health Statistics, 2008.
- Section Number:** Form20\_Health Status Indicator #02A  
**Field Name:** HSI02A  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 Oregon Center for Health Statistics, 2007
- Section Number:** Form20\_Health Status Indicator #02A  
**Field Name:** HSI02A  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 2006 data will be available in late 2007.

**HEALTH STATUS INDICATOR MEASURE # 02B**

The percent of live singleton births weighing less than 1,500 grams.

		<b>Annual Indicator Data</b>			
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>0.8</u>	<u>0.8</u>	<u>0.8</u>	<u>0.8</u>	<u>0.8</u>
<b>Numerator</b>	<u>371</u>	<u>353</u>	<u>366</u>	<u>361</u>	<u>365</u>
<b>Denominator</b>	<u>45,660</u>	<u>44,554</u>	<u>47,176</u>	<u>47,680</u>	<u>46,712</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
<b>Is the Data Provisional or Final?</b>				Final	Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2008**Field Note:**

Oregon Center for Health Statistics, 2008; denominator excludes multiple births.

**2. Section Number:** Form20\_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: Oregon Center for Health Statistics

**3. Section Number:** Form20\_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source: Oregon Center for Health Statistics

**HEALTH STATUS INDICATOR MEASURE # 03A**

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	2004	2005	<b>Annual Indicator Data</b>		2008
			2006	2007	
Annual Indicator	9.2	6.1	8.5	8.5	8.5
Numerator	67	43	60	60	60
Denominator	729,110	699,202	702,864	702,864	702,864

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #03A

**Field Name:** HSI03A

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2006 data pulled from WISQARS on 4/30/09. More recent data is not available.

**2. Section Number:** Form20\_Health Status Indicator #03A

**Field Name:** HSI03A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2006 data from CDC Web-based Injury Statistics Query and Reporting System. More recent data is not available.

**3. Section Number:** Form20\_Health Status Indicator #03A

**Field Name:** HSI03A

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

2006 data from CDC Web-based Injury Statistics Query and Reporting System.

**HEALTH STATUS INDICATOR MEASURE # 03B**

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>3.6</u>	<u>3.0</u>	<u>3.3</u>	<u>3.3</u>	<u>3.3</u>
<b>Numerator</b>	<u>26</u>	<u>21</u>	<u>23</u>	<u>23</u>	<u>23</u>
<b>Denominator</b>	<u>729,110</u>	<u>699,202</u>	<u>702,864</u>	<u>702,864</u>	<u>702,864</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #03B

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2006 data pulled from WISQARS on 4/29/09.

**2. Section Number:** Form20\_Health Status Indicator #03B

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2006 data from CDC Web-based Injury Statistics Query and Reporting System.

**3. Section Number:** Form20\_Health Status Indicator #03B

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

2006 data from CDC Web-based Injury Statistics Query and Reporting System.

**HEALTH STATUS INDICATOR MEASURE # 03C**

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	25.3	23.7	23.8	23.8	23.8
Numerator	126	113	116	116	116
Denominator	498,421	476,089	487,935	487,935	487,935

Check this box if you cannot report the numerator because  
1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #03C

**Field Name:** HSI03C

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2006 data from CDC Web-based Injury Statistics Query and Reporting System. More recent data is not available.

**2. Section Number:** Form20\_Health Status Indicator #03C

**Field Name:** HSI03C

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2006 data from CDC Web-based Injury Statistics Query and Reporting System. More recent data is not available.

**3. Section Number:** Form20\_Health Status Indicator #03C

**Field Name:** HSI03C

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

2006 data from CDC Web-based Injury Statistics Query and Reporting System.

**HEALTH STATUS INDICATOR MEASURE # 04A**

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	2004	2005	<b>Annual Indicator Data</b>		
			2006	2007	2008
<b>Annual Indicator</b>	<u>183.9</u>	<u>230.3</u>	<u>174.0</u>	<u>174.0</u>	<u>174.0</u>
<b>Numerator</b>	<u>1,341</u>	<u>1,610</u>	<u>1,222</u>	<u>1,222</u>	<u>1,222</u>
<b>Denominator</b>	<u>729,110</u>	<u>699,202</u>	<u>702,322</u>	<u>702,322</u>	<u>702,322</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #04A

**Field Name:** HSI04A

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Source: 2006 data comes from 2008 Injury in Oregon Annual Report; no data for 2007-2008.

**2. Section Number:** Form20\_Health Status Indicator #04A

**Field Name:** HSI04A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Source: 2006 data comes from 2008 Injury in Oregon Annual Report; no data for 2007-2008.

**3. Section Number:** Form20\_Health Status Indicator #04A

**Field Name:** HSI04A

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Source: 2006 data comes from 2008 Injury in Oregon Annual Report; no data for 2007-2008.



**HEALTH STATUS INDICATOR MEASURE # 04B**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	2004	2005	<b>Annual Indicator Data</b>		2008
			2006	2007	
Annual Indicator	30.7	24.5	20.2	20.2	20.2
Numerator	224	171	142	142	142
Denominator	729,110	699,202	702,191	702,191	702,191

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Source: Hospital Discharge Data, 2006. Data for 2007-2008 not available.

**2. Section Number:** Form20\_Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Source: Hospital Discharge Data, 2006. Data for 2007-2008 not available.

**3. Section Number:** Form20\_Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Source: Hospital Discharge Data, 2006.

**HEALTH STATUS INDICATOR MEASURE # 04C**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2004	2005	<b>Annual Indicator Data</b>		
			2006	2007	2008
<b>Annual Indicator</b>	<u>126.2</u>	<u>141.4</u>	<u>111.3</u>	<u>111.3</u>	<u>111.3</u>
<b>Numerator</b>	<u>629</u>	<u>673</u>	<u>550</u>	<u>550</u>	<u>550</u>
<b>Denominator</b>	<u>498,421</u>	<u>476,089</u>	<u>494,160</u>	<u>494,160</u>	<u>494,160</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #04C

**Field Name:** HSI04C

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Source: 2006 data comes from 2008 Injury in Oregon Annual Report; no data for 2007-2008.

**2. Section Number:** Form20\_Health Status Indicator #04C

**Field Name:** HSI04C

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Source: 2006 data comes from 2008 Injury in Oregon Annual Report; no data for 2007-2008.

**3. Section Number:** Form20\_Health Status Indicator #04C

**Field Name:** HSI04C

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Source: 2006 data comes from 2008 Injury in Oregon Annual Report; no data for 2007-2008.

**HEALTH STATUS INDICATOR MEASURE # 05A**

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>17.8</u>	<u>18.0</u>	<u>18.0</u>	<u>20.1</u>	<u>21.4</u>
<b>Numerator</b>	<u>2,194</u>	<u>2,202</u>	<u>2,202</u>	<u>2,516</u>	<u>2,672</u>
<b>Denominator</b>	<u>123,273</u>	<u>122,333</u>	<u>122,333</u>	<u>125,165</u>	<u>125,090</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #05A

**Field Name:** HSI05A

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Source: Chlamydia cases from HIV / Sexually Transmitted Disease / Tuberculosis (HST) Program, Public Health Division. Number of women 15-19 comes from Portland State Population Center Annual Population Report (2008), table 9.

2. **Section Number:** Form20\_Health Status Indicator #05A

**Field Name:** HSI05A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Source: Chlamydia cases from HIV / Sexually Transmitted Disease / Tuberculosis (HST) Program, Public Health Division. Number of women 15-19 comes from Portland State Population Center Annual Population Report (2008), table 9.

3. **Section Number:** Form20\_Health Status Indicator #05A

**Field Name:** HSI05A

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Source: Chlamydia cases from HIV / Sexually Transmitted Disease / Tuberculosis (HST) Program, Public Health Division. Number of women 15-19 comes from Portland State Population Center Annual Population Report (2008), table 9.

**HEALTH STATUS INDICATOR MEASURE # 05B**

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>5.2</u>	<u>5.9</u>	<u>6.3</u>	<u>7.0</u>	<u>7.4</u>
<b>Numerator</b>	<u>3,261</u>	<u>3,874</u>	<u>3,874</u>	<u>4,355</u>	<u>4,665</u>
<b>Denominator</b>	<u>625,262</u>	<u>656,610</u>	<u>610,656</u>	<u>622,223</u>	<u>633,145</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Source: Chlamydia cases from HIV / Sexually Transmitted Disease / Tuberculosis (HST) Program, Public Health Division. Number of women 20-44 comes from Portland State Population Center Annual Population Report (2008), table 9.

2. **Section Number:** Form20\_Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Source: Chlamydia cases from HIV / Sexually Transmitted Disease / Tuberculosis (HST) Program, Public Health Division. Number of women 20-44 comes from Portland State Population Center Annual Population Report (2008), table 9.

3. **Section Number:** Form20\_Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Source: Chlamydia cases from HIV / Sexually Transmitted Disease / Tuberculosis (HST) Program, Public Health Division. Number of women 20-44 comes from Portland State Population Center Annual Population Report (2008), table 9.

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: OR**

**HSI #06A - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2008    Is this data from a State Projection? Yes    Is this data final or provisional? Provisional

<b>CATEGORY TOTAL POPULATION BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	48,180	39,514	1,039	713	2,128	335	1,556	2,895
Children 1 through 4	195,293	168,137	5,968	4,217	7,515	695	8,761	0
Children 5 through 9	234,635	202,058	6,835	4,414	8,867	888	11,573	0
Children 10 through 14	237,396	206,578	6,629	3,822	8,791	804	10,772	0
Children 15 through 19	247,556	217,893	6,420	4,559	8,228	889	9,567	0
Children 20 through 24	242,667	214,663	5,825	4,512	8,696	951	8,020	0
Children 0 through 24	1,205,727	1,048,843	32,716	22,237	44,225	4,562	50,249	2,895

**HSI #06B - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

<b>CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	38,020	10,094	76
Children 1 through 4	150,235	45,058	0
Children 5 through 9	186,883	47,752	0
Children 10 through 14	197,098	40,298	0
Children 15 through 19	213,790	33,766	0
Children 20 through 24	211,964	30,703	0
Children 0 through 24	997,990	207,671	76

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: OR**

**HSI #07A - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2008    Is this data from a State Projection? Yes    Is this data final or provisional? Provisional

<b>CATEGORY TOTAL LIVE BIRTHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Women < 15	38	21	4	0	1	0	3	9
Women 15 through 17	1,314	977	49	50	11	4	84	139
Women 18 through 19	3,063	2,443	95	92	26	16	145	246
Women 20 through 34	37,046	30,657	773	502	1,521	279	1,196	2,118
Women 35 or older	6,726	5,414	118	69	569	36	138	382
Women of all ages	48,187	39,512	1,039	713	2,128	335	1,566	2,894

**HSI #07B - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

<b>CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Women < 15	17	21	0
Women 15 through 17	743	569	2
Women 18 through 19	2,140	915	8
Women 20 through 34	29,513	7,473	60
Women 35 or older	5,605	1,115	6
Women of all ages	38,018	10,093	76

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: OR**

**HSI #08A - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2008    Is this data from a State Projection? No    Is this data final or provisional? Provisional

<b>CATEGORY TOTAL DEATHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	237	179	17	10	6	6	3	16
Children 1 through 4	46	36	2	2	1	1	1	3
Children 5 through 9	32	29	1	0	0	0	0	2
Children 10 through 14	27	21	1	0	1	0	0	4
Children 15 through 19	120	100	3	3	2	2	6	4
Children 20 through 24	180	152	7	8	1	0	3	9
Children 0 through 24	642	517	31	23	11	9	13	38

**HSI #08B - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

<b>CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	176	60	1
Children 1 through 4	36	10	0
Children 5 through 9	26	6	0
Children 10 through 14	19	8	0
Children 15 through 19	109	11	0
Children 20 through 24	157	23	0
Children 0 through 24	523	118	1

**FORM 21**  
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**HSI #09A - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

<b>CATEGORY Miscellaneous Data BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>	<b>Specific Reporting Year</b>
All children 0 through 19	952,648	836,221	27,390	18,217	35,630	2,804	32,054	332	2007
Percent in household headed by single parent	19.0	17.6	31.6	0.0	0.0	0.0	28.1	20.5	2004
Percent in TANF (Grant) families	6.7	4.4	22.6	9.2	2.1	0.0	0.0	0.0	2007
Number enrolled in Medicaid	273,378	144,836	12,671	5,765	6,755	0	0	103,351	2008
Number enrolled in SCHIP	273,378	144,836	12,671	5,765	6,755	0	0	103,351	2008
Number living in foster home care	13,965	9,290	1,033	1,479	129	59	0	1,975	2008
Number enrolled in food stamp program	210,986	180,811	15,414	6,363	5,115	1,335	30	1,918	2008
Number enrolled in WIC	102,648	50,565	2,776	1,656	2,544	0	2,750	42,357	2007
Rate (per 100,000) of juvenile crime arrests	3,188.9	2,830.3	7,890.1	2,273.9	776.5	0.0	0.0	0.0	2005
Percentage of high school drop-outs (grade 9 through 12)	3.7	3.0	7.0	5.8	2.6	0.0	0.0	0.0	2008

**HSI #09B - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

<b>CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>	<b>Specific Reporting Year</b>
All children 0 through 19	719,427	146,446	0	2007
Percent in household headed by single parent	20.0	18.9	0.0	2004
Percent in TANF (Grant) families	3.1	10.8	0.0	2007
Number enrolled in Medicaid	170,027	84,212	19,139	2008
Number enrolled in SCHIP	170,027	84,212	19,139	2008
Number living in foster home care	11,811	1,387	767	2007
Number enrolled in food stamp program	32,368	24,115	0	2007
Number enrolled in WIC	60,291	42,357	0	2007
Rate (per 100,000) of juvenile crime arrests	3,443.3	1,843.1	0.0	2006
Percentage of high school drop-outs (grade 9 through 12)	3.2	6.4	0.0	2008



**FORM 21**  
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**HSI #10 - Demographics (Geographic Living Area)** *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2007 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	869,351
Living in urban areas	696,258
Living in rural areas	245,049
Living in frontier areas	10,673
<b>Total - all children 0 through 19</b>	<b>951,980</b>

**Note:**

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

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**HSI #11 - Demographics (Poverty Levels)** *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2006 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	3,745,455.0
Percent Below: 50% of poverty	0.6
100% of poverty	11.8
200% of poverty	30.6

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**HSI #12 - Demographics (Poverty Levels)** *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2006 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	951,969.0
Percent Below: 50% of poverty	7.0
100% of poverty	16.7
200% of poverty	37.9

## FORM NOTES FOR FORM 21

Tables 6 and 7: Infants from Oregon Center for Health Statistics, 2008. Data on children 1-24 comes from Census Bureau data:  
<http://www.census.gov/popest/counties/asrh/>

Table 8: Oregon Center for Health Statistics, 2008.

Table 9: See specific notes for each category.

Table 10: Office of Rural Health, Emerson Ong, 2007 projections.

Table 11-12 : US Census. Publication POV 3, 2006. [pubdb3.census.gov/macro/032007/pov/toc.htm](http://pubdb3.census.gov/macro/032007/pov/toc.htm)

## FIELD LEVEL NOTES

1. **Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Infants  
**Row Name:** Infants 0 to 1  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Oregon Center for Health Statistics, 2008; infants are based on race of mother.
2. **Section Number:** Form21\_Indicator 06B  
**Field Name:** S06\_Ethnicity\_Infants  
**Row Name:** Infants 0 to 1  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Oregon Center for Health Statistics, 2008; infants are based on race of mother.
3. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_Children  
**Row Name:** All children 0 through 19  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Population by Age and Sex for Oregon and Its counties (Table 9), July 1, 2007. Prepared by Population Research Center, Portland State University.
4. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_SingleParentPercent  
**Row Name:** Percent in household headed by single parent  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Division of Medical Assistance Programs.  
[http://www.oregon.gov/DHS/healthplan/data\\_pubs/enrollment/main.shtm](http://www.oregon.gov/DHS/healthplan/data_pubs/enrollment/main.shtm).
5. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_TANFPercent  
**Row Name:** Percent in TANF (Grant) families  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: DHS Child Welfare Research and Reporting Unit. Unduplicated clients, end of month master files, age 0-19 at time of pull, 5/23/09; 2008 data not available.
6. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_MedicaidNo  
**Row Name:** Number enrolled in Medicaid  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: Division of Medical Assistance Programs, HCFA-416 Report. Data for Medicaid and SCHIP is not available separately.
7. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_SCHIPNo  
**Row Name:** Number enrolled in SCHIP  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: Division of Medical Assistance Programs, HCFA-416 Report. Data for Medicaid and SCHIP is not available separately.
8. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_FoodStampNo  
**Row Name:** Number enrolled in food stamp program  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: DHS Child Welfare Research and Reporting Unit. Unduplicated clients, end of month master files, age 0-19 at time of pull, 5/23/09; 2008 data not available.
9. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_WICNo  
**Row Name:** Number enrolled in WIC  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: 2007 Pediatric Nutrition Surveillance System, CDC, Table 1-C.
10. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_JuvenileCrimeRate  
**Row Name:** Rate (per 100,000) of juvenile crime arrests  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: Oregon Criminal Justice Information Systems. More recent data by race and ethnicity not available. [http://www.oregon.gov/OSP/CJIS/annual\\_reports.shtml](http://www.oregon.gov/OSP/CJIS/annual_reports.shtml)

11. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_DropOutPercent  
**Row Name:** Percentage of high school drop-outs (grade 9 through 12)  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: Oregon Dept. of Education, Early Learners Dta Collection, Table A-2. 2007-2008.
12. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_Children  
**Row Name:** All children 0 through 19  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Population by Age and Sex for Oregon and Its counties (Table 9), July 1, 2007. Prepared by Population Research Center, Portland State University.
13. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_SingleParentPercent  
**Row Name:** Percent in household headed by single parent  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Division of Medical Assistance Programs.  
[http://www.oregon.gov/DHS/healthplan/data\\_pubs/enrollment/main.shtm](http://www.oregon.gov/DHS/healthplan/data_pubs/enrollment/main.shtm).
14. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_TANFPercent  
**Row Name:** Percent in TANF (Grant) families  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: DHS Child Welfare Research and Reporting Unit. Unduplicated clients, end of month master files, age 0-19 at time of pull, 5/23/09; 2008 data not available.
15. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_MedicaidNo  
**Row Name:** Number enrolled in Medicaid  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: Division of Medical Assistance Programs. Data for Medicaid and SCHIP is not available separately.
16. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_SCHIPNo  
**Row Name:** Number enrolled in SCHIP  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: Division of Medical Assistance Programs. Data for Medicaid and SCHIP is not available separately.
17. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_FoodStampNo  
**Row Name:** Number enrolled in food stamp program  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: DHS Child Welfare Research and Reporting Unit. Unduplicated clients, end of month master files, age 0-19 at time of pull, 5/23/09; 2008 data not available.
18. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_JuvenileCrimeRate  
**Row Name:** Rate (per 100,000) of juvenile crime arrests  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: Oregon Criminal Justice Information Systems. More recent data by race and ethnicity not available. [http://www.oregon.gov/OSP/CJIS/annual\\_reports.shtml](http://www.oregon.gov/OSP/CJIS/annual_reports.shtml)
19. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_DropOutPercent  
**Row Name:** Percentage of high school drop-outs (grade 9 through 12)  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: Oregon Dept. of Education, Early Learners Dta Collection, Table A-2. 2007-2008.
20. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_FosterCare  
**Row Name:** Number living in foster home care  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: Dept. of Human Services, Children Adult and Families Division, received from Judy Satrum, 6/3/09.
21. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_FosterCare  
**Row Name:** Number living in foster home care  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: Dept. of Human Services, Children Adult and Families Division, received from Judy Satrum, 6/3/09.